

**BMCHS**  
**Male Retreat - *Restore***  
**Saturday, September 26th, 2020**  
**PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**  
**Return form on or before September 11th**

Participant's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_,

**Parent/Guardian's Name**

**Child's Name**

This activity will take place under the guidance and direction of school employees and/or volunteers from Bishop Manogue Catholic High School. A brief description of the activity follows:

Type of event: Single Gender Retreat

The individual in charge: Ms. Allison Klekas

Place of event: Bishop Manogue Catholic High School

Time: 9:00 am 5:00 pm

Lunch: Due to COVID Please bring your own lunch

**Cost: \$50 due with permission slip (non-refundable). Space is limited.**

**Make checks payable to BMCHS.**

(Cost covers snacks, guest speaker, & custom shirt)

Men's Shirt Size (please circle):      XS      S      M      L      XL      XXL

As a parent and/or legal guardian, I remain legally responsible for any actions taken by the above-named minor

(Participant).

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Bishop Manogue Catholic High School, its officers, directors and agents, and the Diocese of Reno, chaperones, or representatives associated with the event for reasonable attorney's fees and connections arising in connection therewith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### COVID - 19 Precautions

**\*Students will be required to wear an approved face covering at all times during the retreat.**

**\* Students will remain socially distant for the duration of the retreat**

**\*Students will complete the health form before entering the building.**

**\*Upon entrance, students will have their temperature checked.**

**\*If any student exhibits any symptoms of COVID-19, they will be isolated and sent home.**

**\*Students will be asked to bring their own lunch\***

**However, we will have individually packaged snacks and drinks for students given to them upon arrival.**

---

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

- **Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- **Other Medical Treatment:** In the event it comes to the attention of the school, its officers, directors and agents, and the Diocese of Reno, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- **Medications:** My child is taking medication at present. My child will bring all medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that my child takes such medication, including dosage and frequency of dosage, are as follows:  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- **No medication of any type**, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

**I hereby grant permission for non-prescription medication** (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- **Specific Medical Information:** The school will take reasonable care to see that the following information will be held in confidence.

Allergic reaction (medications, food, plants, insects, etc.,): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does your child have a medically prescribed diet or are they vegetarian/vegan? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?

---

Has your child recently been exposed to contagious diseases or conditions, such as mumps, measles, chickenpox, etc.?

If \_\_\_\_\_ so, \_\_\_\_\_ date \_\_\_\_\_ and \_\_\_\_\_ disease \_\_\_\_\_ or \_\_\_\_\_ condition:

---

You should be aware of these medical conditions of my child:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

## **Virtual Guest Speaker, Jason Evert**

### **Bio**

Jason Evert has traveled to six continents to bring the message of purity to more than one million people over the past 20 years, including World Youth Days in Australia, Spain, Poland, and Panama. He has also lectured at dozens of universities, including Harvard, Princeton, and the United States Air Force Academy. Jason earned a master's degree in Theology, and undergraduate degrees in Counseling and Theology, with a minor in Philosophy at Franciscan University of Steubenville. He is a best-selling author of 15 books, including Saint John Paul the Great, How to Find Your Soulmate without Losing Your Soul, and the curriculum YOU: Life, Love, and the Theology of the Body. He and his wife Crystalina are frequent guests on radio programs throughout the country, and their television appearances include MSNBC, Fox News, the BBC, and EWTN. Together, they run Chastity Project and its website, [chastity.com](http://chastity.com), and lead an international alliance of young people who promote purity in more than 40 countries.

---

If you have any questions please reach out to Allison Klekas at

[allison.klekas@bishopmanogue.org](mailto:allison.klekas@bishopmanogue.org)