

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, 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