

**GET AWAY FROM IT ALL AND
DISCOVER YOUR...**



**JOIN US ON OUR
HIGH SCHOOL RETREAT**

**February 6 - 8
in Prescott, AZ**

\$150/person

(price is all inclusive)

\$20 non-refundable deposit needed at registration.

Friends are Welcome!

HIGH SCHOOL RETREAT: "IDENTITY"

Participant _____ Cell Phone # _____

DOB _____ Home Phone # _____

Participants Email _____ Adult T-shirt Size **S M L XL XXL XXXL**

Address _____ City/Zip _____

Mother/Guardian _____ Work # _____
Cell # _____

Father/Guardian _____ Work # _____
Cell # _____

Emergency Contact _____ Phone # _____
(must be other than parent) Cell # _____

Insurance Company _____ Policy/Group # _____

Are there any known allergies to food or medications we should know about? _____

Any medications currently taking? _____

List medications your child has permission to self-medicate: _____

I hereby authorize a responsible adult to dispense to my child, if needed, only the following that are initialed by a parent or guardian. (Please initial all that apply).

____ Aspirin ____ Ibuprofen (Advil) ____ Tylenol ____ Pepto Bismal ____ Imodium AD ____ Anti-acid (Tums)
____ Alka Seltzer ____ Topical Antiseptic ____ Cold Medications ____ Anti-histamine (Benadryl) ____ Sudafed

Photo Release: _____ (Please initial for photo release.)

I hereby grant permission for my child to be photographed and/or videotaped during the named Activity and events. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting the youth programs at All Saints.

Behavior Agreement: _____ (Please initial)

My student named above will dress and act respectfully; use no verbal or physical abuse of self or others; will not have in their possession at anytime, alcohol, drugs or tobacco of any kind; will be responsible for their own belongings, will not leave the designated area at any time for any reason without contacting the adult in charge; and will review these guidelines with me prior to signing below. I understand that if the teen named above is involved in any illegal activity or serious destructive behavior that I will be contacted immediately and responsible for their immediate transportation home.

I request that my son/daughter participate in the **High School Retreat: "IDENTITY"** sponsored by **All Saints Catholic Church**.

I understand that reasonable precautions will be taken to safeguard the health and well being of my son/daughter and that I will be notified as soon as possible in the event of an emergency. In case of sickness or accident, I authorize and consent to any x-ray, exam, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care to be rendered to my son/daughter under the general or specific supervision and on the advice of any physician, dentist, or surgeon licensed to practice. I further understand and agree to be responsible for any such medical, dental or hospital expenses incurred. Further, in the event of sickness or accident, I will not hold **All Saints** parish, the Diocese of Phoenix, or any of the youth leaders responsible.

Parent/Guardian

Date