

Middle School Retreat

February 17, 12:00-5:30 pm



RETREAT DETAILS: St. Francis & St. John Middle School Retreat

WHO'S INVITED: All 6th, 7th & 8th Graders
Bring a friend!

WHEN: Sunday, February 17, 12:00-5:30 pm
Youth should attend Mass with parents (11:00 am @ St. Francis)

WHERE: St. Francis of Assisi
8300 Old Columbia Rd
Fulton, MD 20759

St. Francis of Assisi Permission Form & Release

<i>Youth Name:</i>	<i>Home Phone:</i>
<i>Parent(s) Name:</i>	<i>Work Phone:</i>
<i>Address:</i>	<i>Best number to reach parent during event:</i>
<i>City/State/Zip:</i>	<i>Email Address:</i>
<i>Youth's Date of Birth:</i>	<i>Youth's Gender: (Circle One)</i> <div style="text-align: center; margin-top: 5px;"> <i>Male</i> <i>Female</i> </div>

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent/guardian do hereby agree to allow my son/daughter to accompany the youth ministry group of St. Francis of Assisi to:

Middle School Retreat – St. Francis of Assisi
St. Francis of Assisi – 8300 Old Columbia Rd, Fulton, MD 20759
Sunday, February 17, 2019; 12:00-5:30 pm

I/we acknowledge the receipt of the attached information sheet describing the planned activities.

In consideration of the opportunity for my son/daughter to participate in the Program, I agree to **RELEASE AND HOLD HARMLESS AND INDEMNIFY** St. Francis of Assisi Parish, the Division of Youth & Young Adult Ministry, the Roman Catholic Bishop of Baltimore and his successors, a Corporate Sole, and all their agents, servants, and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter's participation in the Program.

I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event I cannot be reached.

(Check one of the following:)

I am covered by hospitalization and medical insurance under policy # _____

I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter drugs (or their generic equivalent) to my son/daughter if requested by my son/daughter. (Check all that apply:)

Tylenol Benadryl Advil Sudafed Midol Kaopectate Neosporin Pepto Bismol

ADD any other medical information concerning medications, allergies, illness, etc

ADD any dietary restrictions:

Parents/guardians of participants are advised that the photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by St. Francis of Assisi Parish, or the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Parish or Division in writing. Please note that the Division has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

Date

Parent/Guardian Signature