

# Life Teen Retreat



## March 1-2, 2019

### Details

**Who:** High School Youth

**Where:** Cedar Grove Retreat Center

**Cost:** \$85

**When:** March 1-2

**Drop off:** Friday, March 1  
5:00 pm

**Pick up:** Saturday, March 2  
3:00 pm SJN Lot

**Transportation:** Drivers

### How To Register

Completely fill out this form and return it to Meg

Keep this Cover letter for your reference

Parents with questions Contact Meg:  
[Meg@4sjnc.org](mailto:Meg@4sjnc.org)

In Case of Emergency During the Event Please call:  
(815)545-2587

### WHAT TO BRING

#### Should Haves...

Good attitude, sleeping bag/ bedding, clothing, jacket, close toed shoes

#### Could Haves...

Ipod/ipad, bible, rosary, snacks to share

#### Don't Haves...

Drugs, alcohol, weapons, bad attitudes, escape plans

# Lifeteen March 2019 Retreat

## Personal Information

Participant Name:

Street Address:

City, State, ZIP :

Age:

Gender:

T-Shirt Size:

School:

Grade:

Parent Name:

Parent Home/Cell :

Parent Email:

Primary Physician:

Insurance Company:

Policy #:

Health Issues?

Medications?

## RELEASE

I hereby consent to participation by my child in the event titled above. I understand that a portion of this event will take place away from parish grounds and that my child will be under supervision of the designated supervisor (s) and adult chaperones. I further agree that I have received information about this event and consent to the conditions of participation in this event, including the method of transportation (cars). I give my permission for my child, in case of an emergency, to be taken to a physician or hospital by either the supervisor in charge or by an adult chaperone. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected to hospitalize and secure proper treatment (including surgery) for my son/daughter/guardianship.

I give permission for the Diocese of Charlotte and/or St. John Neumann Catholic Church to make use of pictures of my child for parish or diocesan publications and websites. I hereby release the Diocese of Charlotte, St. John Neumann Catholic Church and all of its affiliated entities, including its employees and volunteers from all liability for any damages suffered as a result of or relating to this trip and the use of any photograph, slide, or video.

<b>Parent/ Guardian Name (Printed):</b>		<b>Date:</b>
<b>Parent/ Guardian Signature:</b>		

## FOR OFFICE USE

<b>TOTAL:</b> <u>\$85</u>	<b>Payment 1</b> ___/___/___	<b>Payment 2</b> ___/___/___
	Type: _____	Type: _____
	Amt: _____ Bal: _____	Amt: _____ Bal: _____
	Received By: _____	Received By: _____