



April 30-May 1, 2011 / Registration Form

Name: _____ **Parent Email:**

Address: _____ City: _____ MO Zip _____

Home#: ____-____-____ Cell#: ____-____-____

Adult T-Shirt size (please circle one): Small Medium Large XL

School: _____

Parents' Names: _____

Emergency Contact: _____ Relationship: _____ Phone: ____-____-____

Do you have any special diet requirements, medical history, medication or major allergies? If so, please specify:

I hereby authorize my son/daughter to attend the Timothy 4 retreat April30-May 1, 2011 at St. Joseph Church. I also agree and understand that my child will be staying overnight in a volunteer's host home.

Print Parent Name: _____

Parent Signature: _____ Date: _____

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(WE ARE IN NEED OF HAVING PARENTS BECOME "SLEEPING HOUSES" FOR THE WEEKEND, PLEASE COMSIDER HELPING OUT)

Ways you can help us make this a successful weekend for your child(ren)...

Please check if you can help in any of these areas:

____ I will be able to help with a meal (make, serve, provide, etc.)

____ I will be able to offer my home as a sleep house for the weekend.
(MUST BE IN COMPLIANCE WITH SAFE ENVIRONMENT PROGRAM)***

____ I will be able to drive the retreatants to their sleep houses one evening and/or morning.

The cost for the retreat weekend is \$50.00 per child. No one will be denied the opportunity for the retreat due to financial reasons. Contact your youth minister for details.

SPACE IS LIMITED – APPLICATIONS ACCEPTED ON A FIRST COME, FIRST SERVED BASIS.

Make checks payable to St. Joseph Church. Turn in registration to your youth minister, Greg Barker, by April 15, 2011.

PARENTAL/GUARDIAN PERMISSION AND LIABILITY WAIVER

Name of Student _____

Birth Date _____ Age _____ Sex _____

Parent/Guardian's Name _____

Address _____ City and Zip _____

Telephone numbers: Home () _____ Work () _____ Emergency () _____

I/we (name of parent/guardian) _____, grant permission for my child (name of youth) _____, to participate in the **Timothy 4 Retreat, April 30-May1, 2011**

I understand that this activity will take place under the guidance and direction of St Joseph's Youth Ministry.

I agree on behalf of myself, my child's other parent or guardian, my child named herein, our heirs, successors, and assigns, to release, waive, indemnify and hold harmless and defend the parish, its employees and volunteers or other agents and the Archdiocese of St. Louis, and the officers, agents, representatives, volunteers and employees of the Archdiocese with respect to any and all actions, claims or demands that may be made or brought against the Archdiocesan Youth Office, its directors, employees and volunteers and the Archdiocese of St Louis.

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.

Lost or Stolen Items: The Parish of St Joseph and the Archdiocese of St. Louis will not be held liable for any valuables lost or stolen at the event described above.

I understand and agree that this release is required as contractual consideration to the Archdiocese of St. Louis for allowing my daughter/son to participate in this parish event, and that my agreeing to this release of liability is a required prerequisite for the Archdiocese and Parish to allow my/our daughter/son to participate in the above described Parish event.

Parent/Guardian Signature

Date

FOR YOUTH OLDER THAN THE AGE OF FOURTEEN

In consideration for being allowed to participate in the above described Parish event, I hereby personally assume all risks in connection with said event, and all activities related to or associated with event, including travel, housing, meals and collateral entertainment for any harm, injury, loss or damage to any of my personal property, or damage that may befall me while I am participating the this Parish event, including all risks connected with the event, whether foreseen or unforeseen and whether obvious, hidden, understood or not understood by me.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THE ABOVE PARAGRAPH, AND THAT I FULLY UNDERSTAND THE MEANING AND PURPOSE OF THIS FORM AND MY SIGNING IT.

Youth Signature

Date

MEDICAL CONSENT FORM

To the best of my knowledge, my child _____ is in good health and has my/our permission to attend the **Timothy 4 Retreat, April 30-May1, 2011.**

In the event of circumstances which indicate that my child is in need of medical care, I/we authorize parish officials to consent to any necessary x-ray examination, medical or surgical diagnosis or treatment, and other evaluation, diagnosis, treatment, medication or hospital care in accordance with standard medical practice by licensed medical personnel. I/we release and agree to hold the school harmless from any claims due to illness suffered by my child in the course of receiving such medical responsibility and consequences that may arise as the result of this treatment.

Parent/Guardian Signature **Date**

(Please print)
Parent/Guardian's Name _____

Home Address _____ City & ZIP _____

Home Telephone _____ Work Telephone _____

If you are unable to reach me, please contact:

Name _____

Home Telephone _____ Work Telephone _____

Medical Information (Please print)

My/Our child's physician is: _____ Phone Number _____

My Child is allergic to _____

My child must take the following medication (indicate dosage and frequency)

Other Medical information _____

Date of Last Tetanus Booster _____ Birthdate _____

Parent's employer _____

Parent SSN _____ Youth SSN _____

Insurance Carrier # _____ Policy # _____

*I (circle one) **do or do not** grant permission to employees and agents of the school to give my child non-prescription drugs in the events circumstances reasonably demonstrate that my child is in need of such drugs.*

Parent/Guardian Signature _____ **Date** _____