

Winter Retreat: Subiaco

Dear Parent or Legal Guardian,

Your son/ daughter is eligible to participate in a parish-sponsored activity requiring transportation from the parish building. This activity will take place under the guidance and supervision of authorized personnel from Holy Family Parish. A brief description of the activity follows:

Location: St. Benedict Monastery, Oxford, MI

Date of event: Friday, January 6 – Sunday, January 8, 2017

Time: Leave at 6pm on Friday night. Return by 2:15pm on Sunday. *Meet in the St. Joseph Center Parking lot. Pick up in the Fr. Bush Parish Center parking lot.*

Method of Transportation: Volunteer Adult Drivers

Designated Supervisors of Activity: Jennifer Giddings (989) 980-2859

Cost: \$65 per person plus a snack & drink to share.

For your child to participate in this event, please complete, sign, and return the following statement of consent and acknowledgment. As parent or legal guardian, you remain responsible for any responsibility which may result from actions taken by the named student.

I hereby consent to participation of my son/daughter, _____, to attend the **Winter Retreat: Subiaco**. I understand the event described in the upper portion of the sheet, including all the details mentioned. I consent to my child's participation. I understand that no event, including the one described above, is without risk of significant injury. Nevertheless, on behalf of myself and my child, I voluntarily waive any liability of any sort that might arise on the part of the Catholic Diocese of Lansing, Holy Family, or any cleric, administrator, teacher, employee, volunteer, agent, chaperone, parent, or student, in connection with this event. My signature attests to my understanding, consent, and waiver, as set forth in this paragraph.

Print child name.

Emergency Contact number

Print parent/guardian name.

Parent/Guardian Signature

Date

Relationship to youth

Please contact me at _____ about: Driving/chaperoning this event.

I have _____ seatbelts for youth in my vehicle.

I am in need of a scholarship:

____ Half scholarship is needed: \$33

____ Full scholarship is needed: \$65

____ No scholarship is needed, but I would also like to donate money for another youth to attend. Enclosed is an additional \$_____

MEDICAL INFORMATION:

My child is allergic to:

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

Please note specific medical problems.

I grant permission for non-prescriptive medication (e.g. Tylenol, throat lozenges, cough syrup, pepto bismal) and routine non surgical care to be given to my child if deemed advisable by supervising parish personnel. In case of an emergency, I also grant permission to transport my child to nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by hospital or doctor.

Signature _____ Date _____

Family Health Plan and Number _____

Deadline to sign up is Wednesday, December 21, 2016. Please return this form to Jennifer in the religious education office.