

DIVINE WORD YOUTH RETREAT

January 12-14, 2018

- Who:** All 9-12 graders are welcome to attend.
- When:** The retreat starts at 8:00pm on Friday, January 12th and will end around 3:00pm on Sunday, January 14th
- Where:** The retreat will be held at **Camp Burton; 14282 Butternut Rd, Burton, OH 44021**
- Cost:** The cost of the weekend is **\$65 per person**. Please note that if your teen decides not to attend after January 1st, your payment is non-refundable.

What to bring:

Sleeping gear (pillow, sheets/sleeping bags), sleepwear, toiletries, towel, com for table clothes and shoes, Dress Clothes (1 outfit)

Please return this form with payment and parent signature **no later than Sunday, December 17th 2018** to:
Divine Word 8100 Eagle Rd, Kirtland Ohio, 44094:

Registration & Release:

I, _____, am the _____ of
(Name of Parent/Guardian) (Father, Mother, etc...)
_____, a participant in the Retreat.
(Student's name)

I hereby request permission for the above named child/children to attend the Divine Word Retreat and I consent to the child's participation in the retreat. I understand that I must provide transportation to and from the camp for my child. I hereby assume all risks in connection with the youth retreat and I further release discharge, and/or otherwise indemnify the Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, Camp Burton, Divine Word Parish, employees and volunteers from all claims, judgments, liability by or on behalf of my child, myself and my spouse for any injury or damage due to the child's participation in the youth retreat including all risks connected therewith whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child/children. I understand I have the opportunity to call Adam Lesko at 440-256-1412 and ask him about the youth retreat.

Signature of parent/guardian: _____ Date: _____

PHOTO RELEASE FORM

I (We) the parent(s) and/or guardians of my (our) minor child do hereby consent and authorize the release, publication, dissemination, distribution, use and/or reproduction of any and all photographs/videos taken of my (our) son/daughter during the current school year by an employee, agent, or representative of the Divine Word Youth Ministry Program or by an independent contractor. The photographs/videos will be used for any of the following: Church Bulletin Board Display, Retreat Video, Youth Nights, Parish Directory, the Divine Word Social Media Pages, and/or the Divine Word Website.

This release and Authorization acknowledges that all photographs, negatives, positives, and prints shall constitute the property of Divine Word and may be used by Divine Word without any compensation or further notice to me (us) or to my son/daughter.

(Parent (s) and/or Guardians) _____ Date: _____

PERSONAL & HEALTH INFORMATION/MEDICAL RELEASE

Name of Participant _____ Gender _____ D.O.B _____

Address _____
street _____ city _____ state/zip _____

Parent/Guardian _____

Address (If different from teen participant)

_____ street _____ city _____ state/zip _____

PARENTS: WE MUST HAVE A NUMBER WHERE YOU CAN BE REACHED AT ANY TIME:

Home Phone: _____ Work Phone: _____ Cell Phone _____

Email _____

Other Emergency Contact _____ Phone _____

AUTHORIZATION FOR MEDICAL TREATMENT

I, as parent or legal guardian of _____ do hereby give my consent for Divine Word Staff and the chaperones, or other adult representative, in the event that all reasonable attempts to contact me have been unsuccessful, to seek medical attention and treatment deemed necessary by medical personnel. I give my permission to transfer my child to the nearest hospital.

Our healthcare insurance carrier is _____

The policy number is _____ Phone _____

This authorization does not cover major surgery, unless the medical opinion of two other licensed physicians concur on the necessity for such surgery and are obtained before surgery is performed.

Please list allergies and medical conditions _____

List any medication (including dosage) that they are taking _____

Are there any medications they take normally but will not be taking this weekend?

Are there any medical conditions of which we should be aware _____

Parent/Guardian

Signature _____ Date _____