

# Retreat Registration Form

Retreat Fee \$15.00

Shirt Size: Small \_\_\_ Med \_\_\_ Lg \_\_\_ XL \_\_\_ 2X \_\_\_

Participant Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Parish \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact other than Parent \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Insurance \_\_\_\_\_ Policy number \_\_\_\_\_

Does participant have allergies? Yes \_\_\_ No \_\_\_ If yes explain \_\_\_\_\_

Is participant required to take regular medication? Yes \_\_\_ No \_\_\_ If yes provide instructions for administration of medicine \_\_\_\_\_

Any other important medical needs? \_\_\_\_\_

Is participant capable of participating in strenuous Activity? Yes \_\_\_ No \_\_\_

## Medical Consent

The participant's medical condition states on this application are complete and correct. I hereby give permission to the adult supervisor to arrange for medical care and treatment in case of a medical emergency. I also give permission to the physician selected by the adult supervisor to examine, diagnose and treat or secure proper treatment for the participant as the physician determines proper and necessary under the circumstances. A photocopy of this authorization shall be as valid and may be accepted as the original.

## Parent Consent

I have been informed of the nature of the program in which the participant is enrolled. I understand there are risks associated with the participation in the program, which could pose a threat of injury, illness or death. The undersigned is familiar with the activities involved and the participant's abilities and I am not aware of any physical, emotional or mental problem or limitation that would prevent, impair or increase the risk of involved in participation.

I hereby release and discharge Catholic Center for Charismatic Renewal and Youth Staying Connected and their agents, employees and voluneers from liability to the participant for any losses, damages, and expenses and any injury to person or property, including death resulting from participation in the program.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

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## Retreat Rules

1. Respect others and listen when others are speaking.
2. Keep your hands, feet and materials to yourself
3. Stay out of other people's personal property.
4. Be respectful to everyone.
5. Respect church property.
6. During retreat activities, stay on task and in your designated area.
7. Do not walk away from retreat area, please inform a team member of your whereabouts.
8. You must always wear your name tag.
9. You must stay with your group.
10. NO CELL PHONES please leave them at home. If brought, they will be taken up until retreat is over!

Middle School youth:

I have read the RETREAT RULES. I agree to abide by all rules and follow the direction of the Youth Staying Connected ministry and team leaders at all times. I understand that failure to follow any of the rules will result in my dismissal from the retreat.

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Student's Signature

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Date

Parents:

I have read the RETREAT RULES with my child and understand that I will be called to pick up my child from the retreat should he/she be dismissed from the retreat for failure to comply with the rules

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Parent Signature

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Date



Catholic Center for Charismatic Renewal Youth Office  
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Youth\_Staying\_Connected@yahoo.com  
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