## **Girls High School Retreat 2022**

 When: Friday, January 14th, 2022 to Sunday, January 16th, 2022
Where: Trinity Tree Farm (Janine McGann's Farm, STMM Staff) New Hill, NC. Address to be sent to those who register
Cost: \$75.00 payable to St. Mary Magdalene Catholic Church The cost includes all meals, lodging, and materials.

Transportation will not be provided to the retreat as it is local.

**<u>COVID POLICY:</u>** Teens & chaperones <u>must</u> submit one of three types of proofs to be allowed to participate:

Proof of a negative-PCR test result within seven (7) days prior to coming on retreat

Proof of vaccination

Proof of a positive test result more than 10 days (with no fever for 24 hours) and up to three months prior to 1/14/2022.

## <u>Cancellation Policy:</u> You must cancel within 14 days of the retreat (Dec 31st, 2021) in order to receive a refund. Otherwise you will forfeit your deposit and/or registration fee.

**To Register:** Return the completed form & fee to Liz Sams in the Parish Office. 625 Magdala Pl, Apex NC 27502

Dear Parent/Guardian,

Your daughter is eligible to participate in a parish activity that requires transportation to a location away from the parish site. This activity will take place under the guidance of adults from St. Mary Magdalene and the Diocese of Raleigh. A brief description follows:

## A 50% non-refundable deposit of \$37.00 must be submitted with the form to secure a spot on the retreat. You may pay in payments as long as the balance is paid by January 1st, 2022, but the spot isn't secure until you have paid at least 50%

If your child can participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent/guardian, you remain fully responsible for any liability, which may result from personal actions taken by your son/daughter

I hereby consent to the participation of my child, \_\_\_\_\_\_, in the event described above. I further consent to the conditions stated above regarding participation in this event, including the method of transportation.

I release the Diocese of Raleigh, St. Mary Magdalene, and their agents and volunteers from any injuries, which may be incurred by my youth.

I give permission for my child, in case of emergency, to be taken to a physician or hospital by either an adult youth leader, diocesan or parish personnel. 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 by the adult in charge, to hospitalize and secure proper treatment, including surgery, for my son/daughter. I understand my child and I must abide by the following policy:

Drug and Alcohol Policy:

If any youth is found in possession or under the influence of drugs or alcohol at any youth event sponsored by *the way* and/or St. Mary Magdalene Catholic Church, or the Diocese of Raleigh the following actions will take place:

- 1) The parents of the youth will be contacted and are expected to come to the event immediately.
- 2) Next steps will be discussed when the parents arrive on site. I understand that if my child's behavior is inappropriate in any way, I will be asked to come to the retreat site and pick them up to take them home.

## More Information will follow by email to those who are participating.

Teen's Full Name:	_Current Grade
Parent(s)'/Guardian(s)' Names	
Home Number:	
Parent Email Address:	
Participant's Email Address:	
Cell #'s for parents/guardians:	
Name of emergency contact for participant other t above:	1 0
Phone	
Any allergies or medical, physical, or dietary restr	rictions/requirements:

Medications presently taking (including over-the-counter medications):

Medical Insurance Company:\_\_\_\_\_ Policy ID Number:\_\_\_\_\_ Parent/Guardian Signature\_\_\_\_\_