



St. Mary Magdalene High School Retreat

Dear Parent/Guardian,

Your son/daughter is eligible to participate in a diocesan 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:

Event: StMM High School Retreat

Location: Ft. Caswell, Oak Island, NC

Date/time of departure: Friday, August 17th, 2018 Departure time TBA

Date/time of return: Sunday, August 19th, 2018 time b/t 3pm-3:30pm.

Method of transportation: Chartered Bus Service

Cost: \$190.00 (a 50% non-refundable deposit 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 August 1st, 2018, but the spot isn't secure until you have paid at least 50%)

Cancellation You must cancel within 14 days of the retreat in order to receive a refund.

Otherwise you will forfeit your deposit and/or registration fee.

To Register: Return the completed form to Liz Sams in the Parish Office along with the registration fee/50% deposit: StMM, 625 Magdala Place, Apex, NC 27502 Attn: Liz Sams

Participant's Full Name: _____

Gender: M F Grade in 2018-2019 school year: _____

Adult t-shirt size (circle one) S M L XL

Parent(s)/Guardian(s) Names: _____

Home Number: _____

Cell #'s: _____

Parent's Email: _____

Emergency contact name & phone # other than parent/guardian listed above:

Any allergies or medical, physical, or dietary restrictions/requirements:

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

Policy ID Number: _____

Medical Insurance Company: _____

Diocesan Waiver & behavior policy for participants:

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,

_____, (Please print name of teen)

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 policies:

Drug, Alcohol, Vaping/Juling, Tobacco and/or Weapon Policy:

If any youth is found in possession or any kind of weapon or found to be under the influence of drugs, tobacco, vaping/juling, 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 will be required to come to the site immediately.
- 2) Next steps will be discussed when the parents arrive on site.

I understand that if my child's **attitude or behavior** is unacceptable or inappropriate in any way, I will be asked to come to the retreat site and pick them up to take them home.

Parent/Guardian

Signature: _____ Date: _____

*More Information will follow by email to those who are participating
You may want to make a copy of this form for your own records*