

Join the *D.U.C.K. team!

* Designed Uniquely 4 Christ's Kingdom!

And the
People say
"Amen!"



Come; explore what being a member of the D.U.C.K. team has to offer!

Jr. High Retreat

A Collaborative retreat sponsored by the parishes Blessed Trinity/St. Anthony,
St. Agnes, Holy Family, Our Lady Help of Christians,
Our Lady of Victory, and St. Sebastian/St. Vincent

**For Junior High students in 6th, 7th, and 8th grades
Saturday, February 22, 2014**

Arrival time 9:30 A.M.

Concludes with the 5:00 pm Mass; families are welcomed to join!

Location: Holy Family Church, Lower Hall
3179 Kent Road in Stow
Emergency Contact for the weekend: 330-819-5571

For more information contact Barbie Byrne (330)688-6412x271

Jr. High registration forms and a check for \$20 made out to: Blessed Trinity Parish
due by Friday, February 7, 2014

Drop completed registration forms and check at the parish rectory attn: Youth Ministry
Registration forms may be found on the parish website & outside room 3 in the lower church hall

Registration Form – Junior High Retreat 2014

Participant Name: _____

Address: _____

City: _____ State _____ Zip Code: _____

Home Phone No.: _____ Cell Phone No.: _____

Email: _____ Date of Birth: _____

Gender: _____ School: _____

Grade: _____ Parish or Church: _____

Youth Minister: _____ Pastor: _____

T-shirt size: S _____ M _____ L _____ XL _____ (Please check which size you need.)

Parent or Guardian Contact Information (in the event of Emergency)

Name(s): _____

Address: _____

City: _____ State: _____

All home, work and cell phone numbers for Parent/Guardian, in the event of an Emergency:

EMERGENCY AUTHORIZATION AND RELEASE FOR TREATMENT

This authorization enables guardians to authorize the provision of emergency treatment for the participant who becomes seriously ill or injured under the authority of the parishes when guardians cannot be reached. THIS MUST BE SIGNED IN ORDER FOR YOUR CHILD TO ATTEND THE RETREAT PROGRAM.

I, acting as the legal guardian of _____, grant consent for the parishes of Blessed Trinity/St. Anthony, Holy Family, Our Lady Help of Christians, Our Lady of Victory, St. Agnes and/or St. Sebastian/St. Vincent to seek medical treatment for him/her in the case of illness or accident from the closest and most appropriate medical practitioner or hospital available. This authorization does not cover major surgery unless the medical opinions of two licensed physicians/dentists concurring in the necessity for such surgery are obtained for the performance of such surgery.

Any and all information concerning the above named child's history including allergies, medications and physical impairments, has been reported in these registration forms. In the event of an emergency, I authorize the aforementioned parishes to share the completed registration information packet with persons related to the treatment of the above named program member.

I understand that the aforementioned parishes will make reasonable efforts to contact me or the listed emergency contacts in the case that medical attention will become necessary.

X _____
Parent's signature Date

VIDEO/PHOTO RELEASE

I hereby give my consent to the parishes of Blessed Trinity/St. Anthony, Holy Family, Our Lady Help of Christians, Our Lady of Victory, St. Agnes and/or St Sebastian/St Vincent to videotape/ photograph _____ (name of child) and without limitation, to use such pictures and or stories in connection with any of the work of the aforementioned parishes without consideration of any kind, and I do hereby release all of these parishes from any and all claims whatsoever which may arise in said regard.

X _____
Parent's signature _____ Date _____

*It is not necessary for you to sign this Video/Photo release in order for child to attend the program. However, it would be to our convenience and assist us in promoting Youth Ministry if you would sign it.

WAIVER OF LIABILITY

I understand that all activities have certain risks and could result in injury to the child I am enrolling. I waive all claims against each of the parishes of Blessed Trinity/St. Anthony, Holy Family, Our Lady Help of Christians, Our Lady of Victory, St. Agnes and/or St Sebastian/St Vincent for any and all causes arising out of the activities of the programs of these parishes, along with the volunteers and employees of the parishes.

X _____
Parent's signature _____ Date _____

MEDICAL INFORMATION

Health insurance carrier is: _____

Name of policyholder: _____

Member number: _____

Group number: _____

My child's birth date is: _____

The following includes any allergies, **especially food allergies**, my child may have, any medication my child may be taking, and any other facts to which a physician or dentist should be alerted:

ADULT VOUNTEERS NEEDED FOR Junior High RETREAT

If you are willing and able to help, please give us some basic information and time preference.

NAME _____

PHONE _____

E-MAIL _____

Time Preferences: _____

Are you Virtus cleared? Yes No