SAINT LEO THE GREAT YOUTH MINISTRY OFFICE
PARENTAL PERMISSION AND EMERGENCY AUTHORIZATION FORM
YOUTH ENTERING 7th, 8th & 9th GRADES FALL 2010

DEADLINE: JULY 16th (Please register early—we have limited spaces)

Participant's Name_____ Birth Date_____

To Whom It May Concern:

I, parent or guardian of _____ do hereby request that he/she be permitted to attend an ANTIOCH WEEKEND at St. Leo the Great Church from Fri., July 30, 2010 @ 7:00pm until Saturday, July 31, 2010 @ 8:30pm. I understand that my child is expected to attend the entire retreat. ***The cost is $40*** (check payable to Saint. Leo the Great Church to be included with registration) and includes all meals, activities, housing, materials and a t-shirt. Youth will be housed in host family homes (parishioners with Diocesan clearances). You will received information on where your child is being housed a few days before Antioch.

Mary Ellen Reitmeyer's cell phone # in case of an emergency: 575-6894

I understand that the program will have competent adult supervision and reasonable and appropriate measures will be made to minimize the risk of injury and/or accident. I hereby grant my consent for staff members and/or adult volunteers under whose auspices the program is conducted, to secure all necessary emergency medical care and/or treatment that may be necessary for my child during the entire event including the trip to and from their destination, if provided by a staff member or adult volunteer. I further assume all responsibility for the decisions so made, and the emergency care or treatment so secured, in the event that I cannot be reached.

In case of accident, injury or loss, neither my family nor I hold the place where the event is conducted, the group sponsoring the event, nor any person or affiliate organization associated with the event, responsible or liable. In case of accident or serious illness, I request the Parish to contact me (or person named below). If the Parish is unable to reach me, I hereby authorize the Parish to make whatever arrangements seem necessary. I authorize EMERGENCY medical treatment to be given to my child.

Signed_____ Date_____

Relationship _____Phone #_____

Address_____

Do you have hospital insurance? YES_____ NO_____

Name of Company and Policy or Group Number_____

If you participate in an HMO, please list the provided and telephone number

_____

Provider Telephone Number

Allergic reactions (medications, foods, insects etc)

_____

In Emergency contact: _____

Address _____ City_____

Phone _____ Work_____ Cell _____

Medications currently being taken_____

Medications my child will have with them_____

My child has special medical/mental conditions:Yes____ No____ (if yes, please describe)

—— OVER——

Parents/guardians of participants are advised that photograph or videotape of participants may be used in publications, websites or other materials produced from time to time by the St. Leo the Great Youth Ministry Office and Mary Ellen Reitmeyer. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should notify the office in writing. Please note that the Office has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

_____ _____

Parent's Signature Date

WE ARE WILLING TO HOUSE STUDENTS & TO COMPLY WITH DIOCESAN GUIDELINES _____(it takes 4-6 weeks to process clearances)

PARENT'S E-MAIL ADDRESS_____

YOUTH'S E-MAIL ADDRESS_____

T-SHIRT SIZE: ADULT SIZE S M L XL

SCHOOL ATTENDING FALL 2010:_____

GRADE ENTERING FALL 2010_____

Code of Behavior & Hospitality Guidelines

The following guidelines are provided to assist you in using the facilities without interfering with the rights of others.

1. Since there will be others in the building/home, it is important to:

- Keep noises to a minimum at all times.
- Do not leave trash around the building/home and grounds.
- Stay with the group & do not roam around the building/home.
- Do not go outside without adult permission.

2. **Participants are expected to attend all retreat activities**. It is important to experience the entire weekend since each activity builds upon the last. It is also disruptive to the small groups to have people coming and going and it presents difficulties for the Antioch team.

3. Everyone will be assigned to a host family & sleeping quarters. Boys and girls will be housed separately. It is important that we only use the rooms assigned and that we do not switch rooms. In case of an emergency, it is necessary to know where each person is sleeping. No one is allowed to be outside of the host family's home.

4. Alcohol and drugs are not permitted. If this is violated, you will be required to leave.

The major point to remember is that you represent the Church and are asked to project an image of Christian consideration, sensitivity and respect to others and the property around you.

I understand and agree to the Code of Behavior and realize that infractions may result in my dismissal.

_____

Participant's Signature Date

_____

Parent's Signature Date