



High School Eucharistic Teen Retreat

Fri., Dec. 9th 6 PM-Sat., Dec. 10th 8:30PM
At Christ the King Seminary, East Aurora
For Grades 9-12



*Event includes:
Great Messages,
Mass, Music, All Meals,
Confession, Adoration,
Friends, FUN!*



Cost—\$65

(\$35 for St. Leo the Great Parishioners—the rest will be covered by our parish)

Register by November 22nd!

Forms are available by contacting office@stleothe GRATAMHERST.COM,
or by calling St. Leo the Great Youth Ministry @ 835-8905 x 14

Sponsored by:



Youth Registration and Liability Release Form

High School Eucharistic Teen Retreat 2016 at Christ the King Seminary

Participant's Name _____ Birth Date _____

Name of Parent(s)/Legal Guardian(s) _____

Address _____ City _____

State _____ Zip _____ Phone # (_____) _____ Emergency # (_____) _____

Gender: (circle one) F M Grade in School _____ Group Leader _____

I understand that I am a representative of my church, and will follow all rules set by my church, the retreat team and Christ the King Seminary.

Youth signature _____

LIABILITY RELEASE – YOUTH PARTICIPANT

Parent/Guardian Release: I, _____ (print name), give permission to my above named son/daughter to attend High School Eucharistic Teen Retreat 2016 to be held on Dec. 9th-10th at Christ the King Seminary. If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by appropriate health care personnel. I give my permission to Christ the King Seminary, the retreat team, sponsoring parishes, and their agents to share and disclose health and medical information for the treatment and care of my child and to disclose this information to chaperones who are responsible for my child. I release Christ the King Seminary, the retreat team, sponsoring parishes and their agents, and _____ (my church) of all responsibility and consequences that may arise as a result of any injury suffered and resulting treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment. By signing this form, I acknowledge that my child's Group Leader has informed me of the planned sleeping arrangements and conditions (dorm rooms, one person per room, separate buildings for males and females), and also of the list of recommended things my child should bring along to make their stay more comfortable. My child agrees to abide by all the rules and regulations stated by Christ the King Seminary, the retreat team, sponsoring parishes and their agents. I understand that Christ the King Seminary, the retreat team, sponsoring parishes and their agents will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the retreat at my expense, and I will immediately remove them from the facility.

Media Release: I give permission for photographs or video of program participants including my child to be used in publications, web sites, brochures, flyers, social networking or other promotional materials produced from time to time by my church, the sponsoring parishes, and the Diocese of Buffalo. I acknowledge that radio stations, television stations, newspapers and web sites occasionally cover Catholic youth activities and may request an interview with my child. I give permission to the parishes, the diocese and all print, radio, television and Internet media outlets to use the images, voices and words of my child without any limitation or restriction, and with no financial compensation, for the purpose of promoting the parishes, retreat planning team, and Diocese of Buffalo related events. In the case of the *Western New York Catholic* and *Daybreak TV Productions*, both of the Diocese of Buffalo, and *WLOF*, the Catholic Radio Station, I give permission to use the images, voices and words at any time.

X _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

I understand that I am responsible for transportation to/from this event. (Parent/Guardian Initials) _____

Family Physician _____ Phone # (_____) _____

Allergies: _____

Current Medications: _____

Medical Conditions: _____

In the case of an emergency, please contact

Name _____ Home (_____) _____

Address _____ Work(_____) _____

This form is to be filled out by each Youth and Parent/Guardian.

Due Date to St. Leo the Great Church: **November 22, 2016**

RETREAT INFO:

- * Eat a good dinner BEFORE you come to the retreat!
- * Check-in is at 6pm Friday evening, pick-up is Saturday at 8:30pm.
- * Parents and family members are invited to come Saturday at 7pm for the closing Mass.
- * REMEMBER: You are responsible for your own transportation both ways.
- * If you need to bring medication, you must be able to administer it yourself, and it must be noted on your registration form.
- * All electronic devices may be collected upon arrival, and returned to you at departure. Leave electronics except possibly a phone or camera at home.
- * Google "weather forecast for East Aurora, NY" to decide what clothes/accessories are needed. We hope to be outside some.
- * We will be sleeping in individual dorm rooms.



WHAT TO BRING:

Sleeping Bag + blanket, sheets are optional

Pillow & pajamas

Weather-appropriate, modest clothes

Winter coat, gloves, scarf, etc.

Sneakers, boots and extra socks (optional)

Plastic or metal water bottle for personal use

Towel, wash cloth, shampoo, soap, flip flops

Toothbrush, toothpaste, deodorant, etc.

Medicines (must be on registration form & student must be able to self-administer)

Flashlight



Christ the King Seminary

Address:

711 Knox Road

East Aurora, NY 14052

IMPORTANT

Due to the possibility of participants with severe allergies, no food with peanuts, other nuts, red food coloring/ dye or shellfish may be brought on the retreat. All meals are provided. Group leaders will provide snack foods to share during breaks. No food is allowed in the dorm rooms. Thank you.