

**YOU. Life, Love, and the Theology of the Body  
High School Retreat  
St. Peter Church Campus  
1207 East Road, Brookville, IN 47012  
Friday, October 19, 6:30 p.m. – Sunday, October 21, 2018, 3:30 p.m.**

**REGISTRATION & PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_      Age: \_\_\_\_\_      Current Grade: \_\_\_\_\_      Gender: M/F

Address/City/Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Participant Cell\*: (\_\_\_\_) \_\_\_\_\_ Participant Email\*: \_\_\_\_\_

**\*By providing youth cell and/or email, you give permission for your son/daughter to be contacted, via phone, text, or email, by youth leaders for reminders, upcoming events, and important information**

Parent/Guardian: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

Home Parish (include city) \_\_\_\_\_

**Please initial ONE (1) of the following:**

\_\_\_\_\_ I hereby grant permission for prescription and nonprescription medication to be given to my teen by an adult chaperone, if deemed advisable.

\_\_\_\_\_ No medication of any type whether prescription or nonprescription may be administered to my teen unless emergency treatment is required.

**Please list any special medical conditions or dietary needs for your teen including allergies:**

\_\_\_\_\_, \_\_\_\_\_, grant permission for my teen, \_\_\_\_\_ to participate in the You. Life, Love, and the Theology of the Body High School Retreat. I have read, and agree to, the guidelines provided in this packet.

I will not hold the Archdiocese of Indianapolis, any Parish within the Archdiocese of Indianapolis, chaperones, leaders, or representatives associated with the Archdiocese and/or parishes responsible in the event of injury. Further I agree to accept any and all financial responsibility as a result of scheduling necessary emergency medical treatment. I hereby warrant that, to the best of my knowledge, my teen is in good health, and I assume all responsibility for the health of my teen.

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, please contact the person I have designated below to act on my behalf.

Emergency contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Cost/Payment:**

The cost of the retreat is \$30.00 per teen. This includes all activities, snacks, meals, and drinks.

Payment is due when registering (check or cash). Make your check payable to: St. Michael Church, memo line YOU retreat and teen's name. Mail your registration form and payment or drop off to the Parish office:

**St. Michael Church  
YOU. Retreat  
145 St. Michael Blvd.  
Brookville, IN 47012**