

INSANCTITY – HIGH SCHOOL RETREAT PERMISSION SLIP

St Patrick Youth ministry will be giving a retreat for all high school students on Sat. Aug 3, at 4pm – Sun. Aug. 4, after the 5pm Lifeteen Mass. The cost for the retreat is \$25, this includes a t-shirt and food and supplies. All retreatants will stay overnight in the school, boys and girls will have separate sleep areas. Check in will be in the youth room. All teens must be able to stay the whole time. What a great way to start the school year, whether you are a starting high school or college or any grade in between. Any questions please call Jackie at 636-332-9225 ext 227 or youth@stpatsch.org. You may mail or drop of the permission form and payment, 405 S Church Street, Wentzville, Mo 63385, or email the filled out form to me. All forms must be returned by Sunday, July 21 to ensure a t-shirt.

Participants Name _____ T-shirt size _____

Parent/Guardian Name _____

Address _____

Phone # _____ Phone # _____

E-mail address _____

Medical Information: Allergies _____

Will your child need medication on the retreat? _____

Physician Name and Phone# _____

Special needs _____

In case of emergency please notify:

Name and Phone # _____

Name and Phone # _____

As the guardian of _____, In signing this form I hereby state that the information stated in this form is correct and give permission for my child to participate in retreat. I understand that they will be under the supervision of his/her group leader. I recognize that there are risks inherent in participation in any activity and agree to hold the group leaders, chaperones, and St Patrick harmless from any injury to my child or damage or loss of property. I give permission for photos taken during the retreat to be used in parish and school publications and social media.

I understand that for this retreat there is a zero tolerance policy for the use of any mood altering drugs, foul language, threats or any kind of abuse. There will be zero tolerance for any inappropriate physical contact or once lights out moving out of designated areas in the building. If this occurs you will be contacted to pick up your child.

Parent /Guardian Signature _____ Date _____

Participants Signature _____ Date _____