

## Luke 18 Retreat Permission Form – June 12-13

The Luke 18 Retreat will look a little different this year. We will not be spending the night. We will begin at 9am on Sat. June 12 and pick up will be at 9pm, and on Sun. June 13 we will begin at 8am and end after the 5pm Lifeteen Mass. Drop off and pick up will be in the school cafeteria. We will serve lunch and dinner on Sat., and breakfast, and lunch on Sun. We will have lots of snacks too! The cost of the retreat is \$25, which includes, supplies, food, and tshirt. You can make the check payable to St Patrick. The High School will be leading the 8<sup>th</sup> graders for an amazing 2 days of fun, fellowship and prayer. I encourage all the 8<sup>th</sup> graders to attend this retreat. Registration is due by Friday, May 14.

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Participants Name \_\_\_\_\_

Tshirt size Sm \_\_\_ Med \_\_\_ Lg \_\_\_ XL \_\_\_ These are adult sizes

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

Medical Information: Allergies \_\_\_\_\_

Will your child need medication on the retreat \_\_\_\_\_

Physician Name and Phone# \_\_\_\_\_

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 this high school 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, St Patrick, and the Archdiocese of St Louis 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 retreat location 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, or leaving the sleep rooms. If this occurs you will be contacted to pick up your child.

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

Participants Signature \_\_\_\_\_ Date \_\_\_\_\_