

REGISTER NOW – NET Retreat

March 29-31, 2019

Our Lady of the Angels is inviting our Youth Group to attend a high school weekend retreat that challenges you to love Christ and embrace the life of the church.

Who: OLA Youth Group Members graduating 8th-12th grade

Where: Our Lady of Perpetual Help Retreat Center, 3989 S. Moon Drive, Venice, FL 34292

When: Friday, 3/29/19 (6pm) - Sunday, 3/31/19 (3pm)

Cost: \$100 per person, non-refundable.

Registration Deadline: February 24, 2019

Fill out form and return with payment to reserve your spot with the group. **Date:** _____

Youth Group Member Name: _____ Grade in Fall 2019 _____

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Special Accommodations Required: _____

Parent Name: _____ Phone _____

___ Check if you are available to chaperone (1:10 ratio required).

___ Check if you have Safe Environment Training on file at OLA office.

Number of Registered Youth _____ x \$100 = _____ Total Registration Due with Form by 2/24/2019.

Checks can be made payable to: Our Lady of the Angels



DIOCESE OF VENICE IN FLORIDA

Notification of Trip and Event
For Catholic school students, youth groups, and religious education students

To be completed by trip/event leader:

CATHOLIC SCHOOL: _____
or PARISH NAME (for Religious Ed/Youth Outreach): Our Lady of the Angels
TRIP/ EVENT*: NET Retreat
GRADE, CLASS or GROUP: Youth Group
PLACE OF EVENT: Our Lady of Perpetual Help, 3989 S. Moon Drive, Venice, FL 34292
NAME OF TRIP/EVENT LEADER: _____
NATURE OF ACTIVITY: High School Retreat
DATE(S): 3/29-3/31/19 TIME EVENT BEGINS: 5PM ENDS: 4PM
PLACE OF DEPARTURE/RETURN: Parking Lot - OLA
MODE OF TRANSPORTATION: Car Pool

*If this is a sporting event, Competition Schedule should be attached

Participant's Name

Phone # of person legally responsible:
Cell: _____

Home: _____

Work: _____

Address of participant

E-mail (of parents/guardian for minor)

Emergency Contact Name (other than parent/guardian)

Emergency Contact Phone #s:

Cell: _____

Home: _____

Work: _____

Parent/Guardian Name (Printed)

This event notification is furnished in accord with the provisions of the *Consent, Release of Liability and Indemnification Form for Trips and Events of Diocesan Schools/Youth Outreach/Religious Education Programs* previously executed by the undersigned parent/guardian of a minor participant or adult participant, _____, and I understand that the terms of that agreement apply to this event.

Signature of Minor's Parent/Guardian or Adult Participant

Date signed

Please return by _____ to _____.
Thank you.

In the case of field trips for which a school/parish owned bus or a chartered commercial bus is not used, the following must be signed:

I understand that the school is not responsible for the transportation of students for the field trip.

Check one:

I will drive my own child to and from the event.

I give permission for my child to ride with the following volunteer driver:

I understand that volunteer drivers do not have CDL licenses and have only standard insurance coverage.

Signature of parent/guardian _____