



Lent Retreat – March 30, 2019

Open to all children in grades 3rd through 8th.

Location: The Borel Center next to St. Bernard Church

Time: 9:00 a.m. to 5:00 p.m.

Suggested Registration Fee: \$10 includes

For more information and registration questions, please contact Kelli LeBlanc at email kellibleblanc@yahoo.com or (337) 257-1036

Student Registration Information

Please print legibly and circle when necessary

Name: _____ Gender: Male Female

Grade: _____

Parents: _____

Parents Phone Number: _____ (Mom) _____ (Dad)

Parents Address: _____

Medical - Are there any special needs or medical conditions that the leaders need to know about?
Yes or No If yes: _____

Taking any medications that we need to know about? Yes or No
If yes: _____

Allergic to Food or Drugs? Yes or No
If yes: _____

Emergency Contact should a parent not be reachable day of Retreat:

Name: _____ Relationship: _____

Phone Number: _____ 2nd Number: _____

Medical/Emergency Information:

(A copy of Insurance Card must be attached to this form, mailed, or brought to parents meeting)

Family Health Plan Carrier: _____

Policy Number: _____

Policy Holder Name: _____

Notes: _____

Signatures Required

Consent/Liability Waiver

As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participating"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St Bernard Roman Catholic Church, and its officers, directors, employees and agents, and the Diocese of Lafayette, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Lafayette, its employees and agents and chaperons, or representatives associated with the even for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. St Bernard Parish will attempt to contact you directly or the emergency contact prior to treatment by the hospital or doctor.

Other Medical Treatment:

In the event it comes to the attention of the parish, its officers, directors, and agents, and the Diocese of Lafayette, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as a headache, vomiting, sore throat, fever, diarrhea, I want to be called. By signing below I consent to Liability Waiver, Medical Matters, Emergency Medical Treatment, and Other Medical Treatment.

Sign: _____ Date: _____

Model Release - Social Media

Permission Granted: I hereby grant permission for my child to be photographed and/or videotaped during ROOTED Youth Ministry activities and events. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting ROOTED Youth Ministry and/or youth programs at St Bernard Catholic Church. I hereby grant permission for my child to be contacted via phone, SMS, and social media sites such as but not limited to parish websites, Facebook, Twitter, Vine, Instagram, Vimeo, and YouTube for the purpose of promoting ROOTED Youth Ministry and/or youth programs at St Bernard Catholic Church and/or to proclaim our faith that Christ is God, the Savior of humanity and of history, the one in whom all things find their fulfillment. I understand that my child may decline to be contacted at any time.

Signature: _____ Date: _____

Permission Denied:

I hereby decline to grant permission for my child to be photographed and/or videotaped during ROOTED Youth Ministry activities and events. I have instructed my child to decline to be photographed and/or videotaped at all times. I have further instructed my child to notify ROOTED Youth Ministry coordinators and/or Core Team/Volunteer Members that he/she may not be photographed and/or videotaped under any circumstances. I hereby decline to grant permission for my child to be contacted via phone, SMS, and social media sites such as but not limited to parish websites, Facebook, Twitter, Vine, Instagram, Vimeo and YouTube for the purpose of promoting ROOTED Youth Ministry and/or youth programs at St Bernard Catholic Church and/or to proclaim our faith that Christ is God, the Savior of humanity and of history, the one in whom all things find their fulfillment. I have instructed my child to notify ROOTED Youth Ministry coordinators and/or Core Team / Volunteer Members that he/she may not be contacted under any circumstances.

Signature: _____ Date: _____