

Registration Form

St. William Youth Ministry

OVERCOME Retreat

High School and Confirmation Candidate Retreat

Saturday - April 17, 2021

9:00 am – 9:00 pm

St. William Parish – Zepf Hall

Youth Ministry Coordinator: Karen Trojniak Cell: 248-978-2250

NAME _____ **Adult T-shirt size** _____

E-mail _____ **Cell #** _____

Age _____ **Grade** _____ **Parish** _____

Home Address _____ **City** _____ **Zip** _____

EMERGENCY PHONE # (prefer parent cell #) _____

Any dietary needs? _____

Do you need to have a particular friend in your small group? If so, who? _____

MEDICAL INFORMATION

Medical Insurance Company _____ **Policy #** _____

Known Allergies: _____

Medical Conditions: _____

If the participant is under 18 years of age: I (we) the parents or legal guardian of the participant, do hereby grant permission for our child to participate fully in the St. William Youth Ministry Overcome Retreat and all of its activities.

*** Initial one of the following statements regarding emergency medical treatment.**

_____ As parent/guardian, I do hereby authorize the treatment of my child by qualified and licensed medical personnel of any condition which, in the opinion of the medical personnel, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

_____ As parent/guardian, I DO NOT authorize treatment of my child until I give specific orders to do so.

Parent or Legal Guardian Signature _____ **Date** _____

Parent or Legal Guardian Printed Name _____

Participant's Signature (Required only if 18 yrs or older) _____ **Date** _____