



**West County XLT Girls/Guys Retreat**  
Saturday, April 7, 2018 9am-7pm. \$40.  
Babler Memorial State Park. 800 Guy Park Dr. Wildwood, MO 63005

Name \_\_\_\_\_ M/F \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Middle Initial Last

Parish \_\_\_\_\_ Email \_\_\_\_\_

**Medical History – Please have your insurance card with you at all times (or a copy)**

Allergies: \_\_\_\_\_

Will your child be taking prescription medication at the time of the event?: \_\_\_\_\_ Yes \_\_\_\_\_ No

Can your child be responsible for taking his/her own medication?: \_\_\_\_\_ Yes \_\_\_\_\_ No.

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

**Special Needs:** \_\_\_\_\_

**Parents/Guardian**

First \_\_\_\_\_ Last \_\_\_\_\_

Home Phone#\_(\_\_\_\_\_) \_\_\_\_\_ Parents Cell Phone#\_(\_\_\_\_\_) \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State MO Zip \_\_\_\_\_

Emergency Contact Name (other than parents): \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone#: (\_\_\_\_\_) \_\_\_\_\_

**Agreements**

1. As the parent or guardian of \_\_\_\_\_ (“child”), in signing this form, I hereby state that the information included in this form is correct and give permission for my child to participate in the activity entitled \_\_\_\_\_.
2. I understand that my child will be under the supervision of the Archdiocese of St. Louis staff and volunteers.
3. I recognize that there are risks inherent in participation in any activity and agree to hold the Archdiocese of St. Louis, its affiliates and its and their employees, volunteers and agents, harmless from any injury to my child or damage to or loss of personal property of my child not caused by the negligence or misconduct of the Archdiocese of St. Louis, its affiliates and its and their employees, volunteers and agents.
4. In the case of a medical emergency, I understand that every effort will be made to contact me, but in the event that I cannot be reached, I hereby give permission for my child to be evaluated, diagnosed and treated in accordance with standard medical practice by licensed medical personnel.
5. I hereby give permission to the Archdiocese of St. Louis to use any photographs or video footage taken of my child in print and on their website for promotional purposes.
6. I understand that for all Youth Ministry activities there is a zero tolerance policy for the use of any mood altering chemicals (including alcohol and illegal drugs), foul language, threats or any type of abuse and inappropriate physical contact. I agree to follow this policy.

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

Participant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_