

**Multi-Parish Youth Retreat, February 22-24, 2019
Registration & Consent Form**

Participant _____ T-shirt Size _____

Parish _____ Birthdate _____

Address _____

City _____ Zip Code _____

Home Phone _____ Alt Phone _____

Parent's names _____

Participant lives with (circle one) Both parents Mother Father Other: _____

Insurance Company & Card/Group Number _____

Emergency Contact Name (other than Parent) _____

Phone Number of Emergency Contact _____

Current Medications _____

Medical/Drug Allergies _____

Food/Other Allergies _____

Medical Release

I request that the above named participant be allowed to attend the Multi-Parish Retreat on February 22-24, 2019. In the event of an illness, I request that the designated volunteer or Coordinator of Parish Youth Ministry obtain medical treatment on my behalf for my student if I or the emergency contact cannot be reached. Prescription medication will be given in its original container with dosage information on it. I understand reasonable precautions will be taken to safeguard the health and well-being of my teen and that I will be contacted immediately in case of emergency or accident. I will not hold the Parish, Diocese of Phoenix, St Rose Philippine Duchesne Parish, the Chaperone or Coordinator of Parish Youth Evangelization responsible for accident or injury.

Behavior Agreement

My teen, named above, will dress and act respectfully; use no verbal or physical abuse of self or others; will not have in their possession at any time, alcohol, drugs or tobacco of any kind; will be responsible for their own belongings; will not leave the designated area at any time for any reason without contacting the adult in charge; and will review these guidelines with me, their parent, prior to signing below. I understand that if the teen named above is involved in any illegal activity or serious destructive behavior that I will be contacted immediately and be responsible for their immediate transportation home.

**Multi-Parish Youth Retreat, February 25-27, 2011
Registration & Consent Form**

Parent Signature _____ Teen Signature _____