

PARENTAL AUTHORIZATION FORM
ST. TIMOTHY'S OVERNIGHT CONFIRMATION RETREAT 2019

Participant Name _____ Grade _____ Male / Female

Parent/Guardian Names _____

Home Address _____ City: _____ State: _____ ZIP: _____

Primary Phone _____ Secondary Phone _____

Parent Email Address _____

Type of Event: **Level 2 Confirmation Retreat** Student Cost: **\$50 (Due by Sept. 11)**
Date: **September 14-15, 2019** Departure: **9 am Saturday** Pick-up: **12 pm Sunday**
Destination: **Association Retreat Center- Osceola, WI** Mode of Transportation: **Bus**

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, **if you are unable to reach me at the above numbers**, contact:

Name (_____) - _____ - _____
Phone Number Relationship

HEALTH INFORMATION:

Medication my child is taking at present _____

Allergies (drug, food, or other) _____

Other Medical Conditions _____

Family Doctor _____ Phone Number (_____) - _____ - _____

Insurance Company _____ Family Health Plan carrier number _____

I, _____ give permission for _____ to participate in the above-described event.
Parent or Guardian Name Youth Name

I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify Church of St. Timothy, Association Retreat Center, and NET Ministries from any claims or lawsuits brought by myself, my child, or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school in defense of such a claim/suit.

I agree to drop my child off at the noted departure location at least 15 minutes prior to departure time and to provide transportation home at my expense.

I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the Code of Conduct provided by Church of St. Timothy while participating in the event. I understand that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.

Parent/Guardian Signature _____ Date _____

Turn Over - Read & Sign the Code of Conduct



Who is leading our overnight retreat?

In response to an urgent need to proclaim the Gospel to youth, 100 NET volunteers ages 18 to 30 are sent out in vans each year across the United States in teams of 10 to 12. The eight teams share their faith during retreats with 70,000 youth from September to May, and invite all they meet to give their lives to the only one who can satisfy their hungry hearts – Jesus Christ.

For more information about NET Retreats, go to:

www.netusa.org

2019 Retreat Theme:

Fully Alive

Only God is big enough to fill you. The pursuit of happiness motivates every decision we make. Why is it, then, that we find ourselves unhappy so often? This theme explores our search for true happiness, highlighting the one thing that is big enough to fill our deepest desires – God himself.

STUDENT CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing the Church of St. Timothy on September 14-15, 2019.

Please read and sign.

I, _____, WILL:

Printed Name of Youth Participant

- § Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- § Respect the property of others, including all program facilities and property.
- § Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- § Be on time for all check-ins and departure time.
- § Not have in my possession any tobacco, nicotine, alcohol or any controlled illegal substance

I agree that if any of these terms are violated, the Parish can send the participant home at the participant/guardian's expense.

Youth Participant Signature

Date

Parent/Guardian Signature

Date

Please return to: The Confirmation Coordinator in the office no later than the Thursday prior to the retreat.
(Sept 11, 2019)