

# St. Benedict's EPIC Retreat Registration/Permission Form

EPIC Fall Retreat, Fri. Nov. 15–Sun. Nov. 17, 2019

Registration Due Oct. 27, 2019

## REGISTRATION INFORMATION

Child's Name: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Emergency Phone(s) During Activity: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Special considerations we should know about: \_\_\_\_\_

Adult Tee-shirt Size: XS S M L XL 2XL 3XL (please circle one)

## PRESCRIPTION MEDICATION

Not applicable

I will give my child their medication in its original container with dosage information.

Name of Medication: \_\_\_\_\_

Dosage Instructions: \_\_\_\_\_

## MEDICAL RELEASE

I understand reasonable precautions will be taken to safeguard the health and well being of my child, and that I will be contacted immediately in case of illness, injury or other emergency. In the event my alternate emergency contact or I cannot be reached, I authorize St. Benedict's representative to obtain necessary medical treatment for my child. I will not hold St. Benedict, the Diocese of Phoenix or their representatives responsible for accident or injury. I agree to pay all expenses incurred in obtaining emergency medical treatment, including transportation arising from any circumstance in which my child must leave the activity prior to its conclusion.

## PHOTO RELEASE

I hereby grant permission to use and release to the Parish of St. Benedict the use of my child's name and likeness in photographs and/or video tapes from the retreat. I understand no images will be sold or used for commercial purposes. These items may be used without limitation or reservation of any fee.

## BEHAVIOR AGREEMENT

My child will dress, speak and act respectfully, will follow directions, and will remain on the premises at all times while under the care of St. Benedict's designated Chaperone. If my child chooses not to keep this agreement, he/she may be removed from the group or sent home prior to the end of the activity at my expense.

## RETREAT COST

\$100 early bird cost if registered before/on October 6

\$150 cost if registered between October 7 and October 27

\*Scholarships are available for those in need

## CONSENT

My child has permission to attend the activity described above under the supervision of St. Benedict's designated Chaperone(s) in accordance with all above stipulations.

Parent/Guardian Printed Name: \_\_\_\_\_

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