

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a parish-sponsored activity requiring transportation to a location away from the church premises. This activity will take place under the guidance and supervision of employees from Saint Paul of Tarsus.

Name of Event: Subiaco Fall Retreat

Destination: St Benedict Subiaco Retreat House, 2711 Drahner Rd Oxford, MI 48370

Designated Supervisor of Activity: Kat Fraylick

Date and Time of Departure: Friday, October 20th meet at Subiaco Retreat house @ 7:30 pm

Date and Time of Return: Sunday, October 22nd approx. 1:00 pm @ Subiaco Retreat House

Method of Transportation: Provide own transportation

Student Cost: \$110.00

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

***** **STATEMENT OF CONSENT** *****

I hereby consent to participation by my child, _____, in the event described above. Name of event: _____ I understand that this event will take place away from the parish grounds and that my child will be under the supervision of the designated parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this field trip, I hereby agree on behalf of myself and my child, to release Saint Paul of Tarsus Parish, the Roman Catholic Archdiocese of Detroit and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releases"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releases' from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. This release of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

During this activity, I can be reached at (____) _____ - _____

(Print Parent's Name) _____

(Parent's Signature) _____ (Date) _____

Please return this form and **money due** (all checks should be made out to St. Paul of Tarsus) to **parish office or Kat Fraylick no later than October 6, 2017**.

SUBIACO WEEKEND RETREAT

7:30 pm approximately (we like to begin program by 8:00 pm)

Sunday pick-up time: 1:00 pm promptly (Confirmation retreats arrive at 2:00 pm)

Students are to bring the following items:

- **Sleeping bag or sheets and pillow case, we provide a blanket and pillow.**
- **Their own bath towels, washcloths and toiletries (soap, shampoo, toothpaste, toothbrush, deodorant, etc.)**
- **Pants**
- **Shirts**
- **Sweatshirt/jacket**
- **Socks**
- **Tennis Shoes**
- **Prescription Meds (To be Held by Kat Fraylick)**
- **A bottle of soda or juice, and a snack (these are for their consumption during snack time and free time).**
- **Also remind students that we have a gift shop here in the chapel with many monastery produced goods; souvenir type items like Frisbees, logo T-shirts and coffee mugs; as well as religious books and gifts. Often they are disappointed that they didn't bring any money to purchase items.**
- **And most importantly an open heart and mind.**

Students should not bring the following items

- **iPods, CD players, radios, laptops, or other electronic devices etc. a retreat is a time away from the many technological distractions.**
- **Alcohol or drugs (parents will be promptly called and students sent home). Prescription and over-the counter medicine should be dispensed by the leader.**

Cell Phone Policy

- **Cell Phones are here to stay and have become part of everyone's life. We ask that the students keep the cell phones in their rooms turned off and avoid using them except in an emergency. We know most will respect this policy!**

A few basic rules of conduct

- **Make sure to include everybody in the group no person should feel left out.**
- **Almost all groups have couples in them with varying levels of outward affections. Please inform your affectionate pairs that they should avoid all the many amorous forms of touching and cuddling, this often makes others feel uncomfortable. As one youth minister said, boys are blue and girls are pink...there is to be no purpling.**
- **No roughhousing, pillow fights, or camp style pranks**
- **The bedrooms are only for sleeping, nobody should spend any time during the day in their rooms. Boys in boys' rooms and girls in girls' rooms.**
- **No food or eating in bedrooms, snacks are to be eaten in upper dining room.**

These are just some of the basics that should be discussed before arrival

MEDICAL TREATMENT AUTHORIZATION FORM

To Whom It May Concern:

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

Student's Name: _____ Relationship to you: _____

Address: _____ Phone: _____

Type of activity or school year for which release is intended: _____

PARENTS/LEGAL GUARDIANS

Father Address Phone

Mother Address Phone

Where parents can be reached when not at home:

Father: _____
Address Phone

Mother: _____
Address Phone

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

List a neighbor or close relative who will assume care of your child if you cannot be reached.

Name: _____ Phone: _____

Address: _____ Relationship: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____ Signed: _____

(Parent or Guardian)

MEDIA WAIVER AND RELEASE FORM FOR MINORS

I, _____,
parent/guardian of _____ hereby
allow the use of my audio and/or visual image by the Archdiocese of Detroit and/or
_____ parish; for whatever purpose it sees fit, provided that it does not
slander or that it is not used to make false claims against any person or institution.

My audio and/or visual image may be recorded and reproduced for program material or for
promotional material. I also indemnify myself from the use of my audio and/or visual image
taken out of context by the Archdiocese of Detroit and/or _____
parish.

SIGNED: _____

DATE: _____

Also, I need your permission in order to give other participants copies of the pictures taken in
the program that include your child. Please mark below if you give permission for your child's
picture to be shared with other participants in the program.

- Yes**, I do give permission for other participants to have copies of the pictures that
include my child _____.
- No**, I do not give permission for other participants to have copies of the pictures that
include my child _____.

Parent/Guardian Signature: _____