

“Great Women Saints” Mother & Daughter Retreat

Location: Augustine Center in Conway, MI

Registration/Payment Due Date: Friday, February 24, 2017

Event Dates: March 4 & 5, 2017

Time: Check in at 9:45 am Saturday, Retreat begins at 10:00am

**Cost: \$65 per person for overnight with 3 meals provided
or \$30 per person for Saturday only**

Retreat Topic: *“Great Women Saints”*

Retreat Presenter: Elizabeth Gengle

To reserve your place, fill out and return the bottom portion with your check.

Augustine Center Cancellation Policy: The registration coordinator (Liz Gengle) provides the Center with a list of participants seven days prior to the retreat—this marks the starting point for determining late fees. If the Center is notified of a cancellation in the next three calendar-days, the early cancellation fee is \$25.00 for overnight guest or \$5 for Saturday only guests. If notification comes to the Center on the 4th calendar-day or later, the bill is for the full amount of an individual attending the retreat. Health-related and other emergent circumstances are often cause for waiving all monies beyond the initial respective \$25.00 or \$5. [If you need to cancel after registering contact Liz ASAP to minimize cancellation fees: 231.347.4133 or jp2youth@gmail.com]

Registration/Payment Due Date: February 24, 2017

Mail registration & checks to: St. Francis Xavier Church, Attn: Liz Gengle,
513 Howard St., Petoskey MI 49770

Make checks payable to: St. Francis Xavier Church

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Registration Form for the Mother/Daughter Retreat—March 4 & 5, 2017

Name(s):	Dietary Restrictions?	Able to climb stairs?
Address:		
Phone #:	Other issues regarding your stay?	

🍏 Enclosed \$65 per person for overnight

🍏 Enclosed \$30 per person for Saturday only (includes lunch only)

(Make checks payable to: St. Francis Xavier, 513 Howard St., Petoskey, MI 49770)

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish sponsored activity requiring transportation to a location away from the school/parish premises. This activity will take place under the guidance and supervision of employees from School and/or Parish.

Name of Event: "Great Women Saints" Mother & Daughter Retreat 2017

Destination: Augustine Retreat Center, Conway, MI

Designated Supervisor of Activity: Liz Gengle

Date and Time of Departure: March 4 & 5, 2017

Method of Transportation: Parent's must provide transportation

Youth Cost: \$65 per person for Overnight Retreat, \$30 per person for Saturday-only

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 youth.

STATEMENT OF CONSENT

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the school/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 St. Francis Xavier School and/or Parish, the Roman Catholic Diocese of Gaylord, 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 Releasees 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 or 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.

(Print Parent's Name)

(Date)

(Parent's Signature)

Please return this entire form by: Feb. 24, 2017 to Liz Gengle
(Date) (Person)

(Revised: May, 2003)

MEDICAL TREATMENT RELEASE FORM

To Whom it May Concern:

As a parent/guardian I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: St. Francis Xavier Parish, Petoskey, Michigan, JP II High School Youth Ministry Program, Activities, and Events from March 4, 2017 – March 5, 2017.

Address of Minor: _____ Phone: _____

Emergency Phone: _____ Date of Birth: _____

Family Physician: _____ Phone: _____

Address: _____ City: _____

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

Allergies: _____

Medications: _____

Comments/Other: _____

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

If further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice of 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)

PUBLICITY CONSENT

St. Francis Xavier Parish and the Diocese of Gaylord, engage in various communications regarding programs and activities of the parish, school and diocese through correspondence and publicity with families, parishioners, as well as mass media and members of the wider community. This may involve – but is not limited to – photos, video, audio, written materials, bulletin boards, newspapers, radio, television, Powerpoint, Internet, etc.

Please provide authorization for your child’s name, picture, age, parish/school, verbal or written remarks, and parent’s names to be utilized for such publicity by completing the form below.

AUTHORIZATION FORM

As parent/guardian of _____, I understand that promotional pictures, audio and/or video recording (individual and group) may be taken during events and activities offered through St. Francis Xavier Parish or the Diocese of Gaylord. I hereby give permission, without remuneration, for my child’s name, picture, age, parish/school, city, verbal or written remarks and parent(s) names, to be used for news, educational and promotional materials (including, but not limited to, print, audio, video, broadcast, displays, web pages, calendars, Powerpoint, bulletins, etc.) for St. Francis Xavier Parish, Holy Childhood Parish, as well as the Diocese of Gaylord. I also hereby agree to release and hold harmless St. Francis Xavier Parish, Holy Childhood Parish, the Diocese of Gaylord, as well as any of their employees or representatives, including volunteers, from any and all claims resulting from the use of the above information regarding my child.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

(Parents may cancel this authorization at any time by providing written notice to St. Francis Xavier Parish, 513 Howard St. Petoskey, MI 49770)