# *Bishop Chatard High School: Campus Ministry*
# *Sophomore Retreat Permission and Registration*
# *Sunday, October 9 to Monday, October 10, 2011*

STUDENT NAME ___________________________________ HOME PHONE___________________________

MOTHER'S NAME _____________________________FATHER'S NAME _____________________________

EMERGENCY PHONE #'S___________________________OR_______________________________________

**INSURANCE INFORMATION: (Both lines MUST be completed.)**

| **Family Health Insurance Company:** |
|---|
| **Policy Number:** |

**MEDICATION:** If medications are needed, please send them with your child. List these medications in the following section and include product name and physician's instructions on dosage and frequency. **Any medications brought to the program should be clearly labeled in their original container and checked-in at registration.**

| 1. |
|---|
| 2. |

**PARTICIPATION CONSENT:**

I grant **permission for my child to participate** in the Sophomore retreat. I will not hold Bishop Chatard High School or Camp Rancho Framasa responsible in the event of any injury or accident to my son or daughter while participating in the Sophomore retreat, and/or traveling to and from the event. I warrant that, to the best of my knowledge, my child is in good health and able to participate in all program activities. (Please submit a statement indicating limitations and/or conditions of which we should be aware.)

I agree that **my child shall abide by all Bishop Chatard rules and policies.** I have reviewed and discussed the rules and policies with my child prior to signing this form. I agree that if my child fails to abide by the rules/policies, or engages in a serious infraction, he or she may be immediately dismissed from the Retreat with no refund, and sent home at my expense. I agree to my child's participation in the Sophomore retreat.

I understand that all **prescription and non-prescription medication will remain in the possession of the adult team leader** and be dispensed as prescribed. **In case of medical emergency**, I understand that every effort will be made to contact parents or guardian of participants. In the event that I cannot be reached, I hereby give permission to the Campus Ministry program directors to seek treatment for my son/daughter. I hereby give permission to the medical staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child.

I understand that my child may be photographed, unidentified in group situations; and I hereby grant permission for my child to be photographed & identified for releases to *Bishop Chatard* and the Bishop Chatard website and/or other promotions.

**Parent/Guardian Signature:**________________________________________ **Date:**________________________

**Name: (Printed)**__________________________________________________

**Phone:**_________________________

**The cost of the retreat is $75, due with this form. Please make checks payable to Bishop Chatard High School.**

(If there are any financial concerns, please contact Carol Wagner in the Campus Ministry Office, 251-1451 ext. 2274, or Sally Gleaves ext 2250)

Return this form (with check) to the Campus Ministry office c/o Carol Wagner, no later than Wednesday, September 21, 2011 . Thank you!

***I would like to donate $________ to the Retreat Sponsor Fund to be used for those families who may be struggling to pay for retreats. Checks should be payable to Bishop Chatard High School and you will receive a letter to be used as a receipt for your charitable donation.***

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**EVENT: Sophomore Retreat** **Date: Sunday October 9 to Monday, October 10, 2011**

**PLACE OF EVENT:** **Camp Rancho Framasa**

**PARENT'S TO DROP-OFF AT:** **Bishop Chatard High School**
**TIME: Sunday, October 9th @ 7:15 am**

**PARENT'S TO PICK-UP AT:** **Bishop Chatard High School**
**TIME: Monday, October 10th @ 3:30 pm**

**CHECK AND FORM DUE BY:** **Wednesday, September 21, 2011**

Keep this information as a reminder!

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