Bishop Chatard High School: Campus Ministry
Senior Retreat Permission and Registration
Tuesday, November 9 – Friday, November 12, 2010

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 Senior retreat. I will not hold Bishop Chatard High School or Our Lady of Fatima Retreat House responsible in the event of any injury or accident to my son or daughter while participating in the Senior 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 Senior 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.

As a student, I have read and agree to abide by all the above, and also understand that it is my responsibility to make up all class work missed during my absence from school, and that I need to speak with all my teachers at least one week prior to the retreat.

Parent/Guardian Signature: ______________________________________ **Date:**______________________

Name: (Printed)____

Student Signature ____**Date:** ______________________

The cost of the retreat is $200, due with this form. Please make checks payable to Bishop Chatard High School.

(If there are any financial concerns, please contact Allison Mayer, Campus Ministry Assistant at amayer@bishopchatard.org).

Please return to your religion teacher or to Campus Ministry no later than **Wednesday, October 27, 2010**.

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.

Keep this attachment as a reminder!!

EVENT: Senior Retreat **Date: Tuesday, Nov. 9 – Friday, Nov. 12**

PLACE OF EVENT: **Our Lady of Fatima Retreat House**

PARENT'S TO DROP-OFF AT: Fatima **Tuesday @ 5:15 p.m. (Dinner will be served)**

PARENT'S TO PICK-UP AT: Fatima **Friday @ 5:00 p.m.**

CHECK AND FORM DUE BY: **Wednesday, October 27, 2010**

You will need to bring casual clothes, bathroom items, and a snack to share with the group. (Bed linens and towels are provided!). There are also certain things you should **not** bring. Because this is a time to be away from normal distractions, and school rules apply, please **do not bring IPODS, CELL PHONES, or any other electronic devices.**

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