

# Year I Retreat Form



The Year I Retreat dates are as follows:

Please list your preference (# 1 or # 2).

# \_\_\_\_\_ Sun., February 3, 2008 1:30 pm—7:30 pm

# \_\_\_\_\_ Sat., April 19, 2008 12:30 pm—6:30 pm

## PARENTAL CONSENT FORM AND LIABILITY WAIVER

Participant's name: \_\_\_\_\_  
(Please print clearly and use the name preferred for a nametag)

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Business Phone: \_\_\_\_\_

Location: **Saint Ambrose**

Cost: **\$20 (Checks payable to Saint Ambrose of Woodbury)**

I, \_\_\_\_\_, grant permission for \_\_\_\_\_  
(Parent /Guardian(s) Name) (Child's name)

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify Saint Ambrose of Woodbury parish and the Archdiocese of St. Paul and Minneapolis from any claim or law suits brought against Saint Ambrose of Woodbury and the Archdiocese of St. Paul and Minneapolis by myself, child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by Saint Ambrose Woodbury Parish and the Archdiocese in defense of such a claim/lawsuit.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, or numbers listed above.

Contact: \_\_\_\_\_  
Name Phone #

Family Health Plan Carrier Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication my child is presently taking: \_\_\_\_\_

Allergies to drugs: \_\_\_\_\_

**As parent/guardian, I agree to all of the above stated considerations and conditions.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Due: Sunday, January 6

Last, First
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