

**PARENTAL REQUEST FOR PARISH RELIGIOUS EDUCATION EVENTS**

*(Please Print)*

**INFORMATION ABOUT THE EVENT**

**EVENT: Antioch Retreat**

**Cost: \$75.00** (scholarships available)

**Date: March 20-22 2015**

**Time: 6 PM Friday to 8 PM Sunday**

**Parish Sponsor: St. Francis of Assisi**

**Location: Mary Help of Christians Center**

**Information about my Child (self if 18+)**

Gender:    M    F    # of Antioch's attended previously \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Name of Retreatant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

List Preferred name for name tag) \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Parent #/Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Email Teen: \_\_\_\_\_ Email Parent: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Teen Cell: \_\_\_\_\_

Contact and Medical Information is never distributed or sold and used ONLY for Antioch Purposes!

**MEDICAL INFORMATION:** Please list all information pertaining to allergies, diet, special medication, health conditions or any other information necessary in an emergency situation. Explain Fully.

**Child Leaving/returning Retreat early or coming late:** If your child is leaving the retreat early or for any length of time please note here. The child must be picked up by a parent or guardian. It is not required that a teen spend the night:

**Other Retreatant this child should be roomed or grouped with:** \_\_\_\_\_

**Consent and Release**

**General:** I hereby request and give my permission for my child to participate in the above event. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my child. I individually and on behalf of my child named below, do hereby release, covenant not to sue, and save harmless: The Most Rev. Robert N. Lynch, Bishop of the Diocese of St. Petersburg; the above parish/school; and all employees, agents and volunteers for the event, from any and all claims for any and all harm arising to my child as a result of their participation in this event.

**MHOC and the Antioch team are not responsible for Lost or Stolen Items please do not bring anything of value to the retreat!**

**Medical:** I request the Parish representative obtain medical treatment for my child in the unlikely event of injury or illness during this event and I agree to pay any expenses incurred for such treatment.

**Attendance:** This form serves as an application to attend the Retreat and we reserve the right to deny anyone attendance. Due to the specific nature of the material and discussion that make up this retreat only Age 13 and older will be considered and proof of age may be requested. This form signed by parent or legal guardian is required prior to the first day of the retreat.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to: St Francis Attn: Steve Jarosz Post Office Box 1218 Seffner, FL 33583. The cost will be \$75.00 for the weekend. Fund raisers, financial aid and scholarships are available; no one will be denied this opportunity for financial reasons. Please mark below in confidence if you need assistance!

Paid: \_\_\_\_\_ Fund Raisers: \_\_\_\_\_ Scholarship needed: \_\_\_\_\_

Accepted: Cash; Check to ST. Francis or Credit Card (call Steve 813.404.9658)