

High School Spring Retreat Registration Form March 16-18, 2018

Name of Participant: _____ Age ____ T Shirt Size (Adult Sizing) _____

School _____ Grade _____

Parent Phone Number during Event: _____ Alternate Number: _____

Parent Name(s): _____ Email: _____

Below please list any allergies or issues that may affect your child during this activity:

ACTIVITY: High School Spring Retreat

WHEN: Friday, March 16, 2018 @ 6:30 – Sunday, March 18, 2018 @ 12:15pm

WHERE: Camp Geneva (3995 Lakeshore Dr. Holland, MI 49424)

TRANSPORTATION: Parent Drop-Off & Pick-Up @ Camp (Teens may drive themselves, but upon arrival, will not be permitted to leave camp until 12:15 on Sunday)

COST: \$85.00 (Cost should never be a reason not to attend an event. If you are in need of financial assistance, please contact Liz at lmarkovicz@oll.org)

DESIGNATED SUPERVISOR: Liz Markovicz & Designated Chaperones

As legal guardian, I give permission for my child(ren) to participate in the Faith Formation Program, including service trips and other activities sponsored by the Faith Formation & Youth Ministry Program of Our Lady of the Lake Catholic Church.

I understand that photos and video taken may be used for classroom use, publicity and promotion of programs. I understand that there will be no remuneration for such use. If I do not wish for my child's photo to be used, I will submit my request in writing to the Faith Formation Office.

I hereby authorize first aid/medical treatment for my child/children, listed above, in the event of an emergency, which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to contact the parents/legal guardians listed on this form, as soon as reasonably possible. In the event that the aforementioned requires my authorization for treatment and I cannot be reached in an emergency, I hereby give my permission to the physician selected by the activity leader to hospitalize, secure medical treatment, and/or order an injection, anesthesia or surgery for the aforementioned as deemed necessary. I understand all reasonable safety precautions will be taken at all times by the parish and its agents during Our Lady of the Lake Programs. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Our Lady of the Lake Parish, its leaders, employees, drivers, volunteers, or the Roman Catholic Diocese of Grand Rapids liable for damages, losses, diseases, or injuries incurred by the aforementioned.

Parent or Legal Guardian Signature

Parent or Legal Guardian Signature

Date

**BRING OR SEND PERMISSION SLIP AND \$85.00 (CHECK MADE OUT TO OLL), by
Sunday, March 11, 2018**

To Our Lady of the Lake, 480 152nd St Holland, MI 49424

| Office Use Only | | | | |
|-----------------|----------|--------|----------------|------|
| Date | Ck#/Cash | Amount | Program # | Init |
| | | | E-02-40-550-80 | |