

# High School Spring Retreat at Camp Geneva



**Who:** Grades 9-12

**Where:** Camp Geneva (3995 Lakeshore Dr. N., Holland, MI 49424)

**Cost:** \$85

**Drop-Off Time:** 6:30 p.m. on Friday, April 26 at the Chapel Building of Camp Geneva

**Pick Up Time:** 12 p.m. on Sunday, April 28 from same building

All high schoolers are invited to Camp Geneva this spring for a two-day getaway to grow more in their faith and experience the Church at a deeper level with people their own age. The weekend includes games, food, Mass, Adoration, live praise music, and more on the awesome shores of Lake Michigan! The price includes all meals, lodging, and registration cost. Contact Adam McNutt, our High School Ministry Coordinator, at amcnutt@oll.org with questions.

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## 2019 High School Spring Retreat Registration Form

Due on Sunday, April 14

Student Name: \_\_\_\_\_ Allergies: \_\_\_\_\_

Email: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone Number of Parent or Guardian During Retreat: \_\_\_\_\_

Email Address of Parent or Guardian: \_\_\_\_\_

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

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

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

*Office Use Only:*

Date	Ck#/Cash	Amount	Program #	Init
			E-02-40-550-80	