



**CHURCH OF THE PRESENTATION RETREAT FEBRUARY 24-26, 2017**  
\$150.00 TOTAL COST PER PERSON IF NOT PAID AT REGISTRATION  
CAMP ST. FRANCIS, APTOS, CALIFORNIA

NAME \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

TEEN E-MAIL: \_\_\_\_\_

TEEN CELL PHONE: \_\_\_\_\_

I am aware of Church of the Presentation's LIFE TEEN 3 Strike Policy. Disruptive behavior will not be tolerated. If my teen is disruptive, he/she will be given a maximum of two warnings. If behavior does not improve after two warnings, I agree to pick up my teen at any time during this retreat if I am required to do so.

I am aware that the retreat does not end until the group returns from Camp St. Francis and attends the 5:00 LIFE TEEN liturgy. I am also encouraged to meet my teen at Mass with other family members to support the goal of deepening my teen's relationship with God.

You will receive a sheet with all of the important information upon receipt of this registration form.

**PARENT/GUARDIAN**

**PARENT/GUARDIAN**

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(PLEASE PRINT)

Dear Life Teen Program:

Please accept my application to attend this retreat. I understand that by requesting to go, I am promising to cooperate with the CORE group and with the Holy Spirit. I understand the intention of the retreat is to help form community and deepen my relationship with God. I promise to follow instructions and be open. I may not bring illegal drugs or alcohol. I agree that if a situation arises, my personal belongings may be searched for any of the above mentioned items. If drugs are found, the police will be called to come get me immediately.

***Most Important: Bring an open heart and open mind.***

***My cell phone will be collected upon arrival at Camp St. Francis. My phone will be returned on Sunday during departure.***

TEEN SIGNATURE \_\_\_\_\_

ADULT SIGNATURE \_\_\_\_\_

**INSTRUCTIONS:** Please ask your family to join us for 5 p.m. Mass upon our return on February 26. Please do not bring electronic devices, i.e. gaming devices, ipod, mp3, etc. If you do bring such items, they may be collected and returned at the end of the retreat. Presentation LIFE TEEN will not be responsible for any lost or stolen items.

# Diocese of Stockton

## Annual Youth Registration and Promise Parental Agreement / Consent, Release and Waiver of Liability

### Youth Registration and Promise

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents / Guardians Names: \_\_\_\_\_

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

City / State / Zip Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parish / School: \_\_\_\_\_

Event/Activity:

(herein "Activity")

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

I agree to uphold and exemplify positive Catholic values, and I understand that my participation in an Activity requires compliance with rules and regulations regarding my conduct. Specifically, I agree that during my participation in the Activity:

- I will not use, bring, or be under the influence of illegal drugs or alcohol;
- I will not smoke or use tobacco products;
- I will politely obey the requests and directions of the adult leaders;
- I will stay with my assigned group or buddy at all times;
- I will participate in the approved activity at all times;
- I will dress appropriately at all times;
- I will be on time to activities and will observe all check in rules;
- I will treat adult leaders, other participants, and community members with respect and will not engage in behavior that reflects poorly on me or the group such as: stealing, swearing, fighting, being physically or verbally abusive, being dishonest, damaging property, threatening others, or engaging in disruptive behavior;
- I will only use cell phones and other personal devices at appropriate times and places when allowed by adult supervisors;
- I will not participate in hazing, teasing, or other similar activities;
- I will not engage in inappropriate sexual behavior;
- I will not be in the possession of or use firearms, knives, lighters, explosives, or weapons of any kind;
- I will not engage in acts of violence; and
- I will respect the physical property of the facility used by us and others and will not engage in acts of vandalism.

I agree to abide by these rules and the supervision of adult leaders, and understand that violations will be dealt with in an immediate and appropriate manner. If I should be dismissed from participation in the Activity, I understand that my parents will be contacted to arrange for my immediate transportation home.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

# Youth Registration and Promise, Parental Agreement / Consent Release and Waiver of Liability

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## Parental Agreement / Consent

I/we, the undersigned parent or guardian of the Participant named on this form give permission for my/our child's participation in the Activity referred to on this form, and:

- I/we agree to direct my/our child to cooperate and comply with all reasonable directions and instructions from Children/Youth Ministry staff or adult leaders and Chaperons.
- I/we will immediately and at my own cost retrieve my child(ren) from this Activity if my child(ren) does not comply with the Code of Conduct to the satisfaction of the adult leaders.
- I/we give permission for my/our child to be transported to and/or from Children/Youth Ministry programs, events, and Activities in vehicles driven by adult leaders selected by the parish Children/Youth Ministry coordinator or Parish Pastor, in accordance with diocesan and/or Parish guidelines.
- I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in any Children/Youth Ministry activity or other Activity, whether or not caused by the negligence of the parish, school, diocesan, or Children/Youth Ministry program employees, Chaperons, agents, or volunteers or other participants.
- I/we understand that in the course of participating in Children/Youth Ministry activities or other Activity, my/our child may engage in activity that carries a risk of injury to the body, psyche, or property of themselves and others. Such injuries can be caused by other persons, may be accidental or self-inflicted, or may arise from faulty equipment or facilities, existing conditions of recreational facilities, vehicle accidents while in transport during an activity, or through the activity itself.
- I/we are not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.
- I/we, hereby, give permission to the physician or dentist selected by the Activities supervisory personnel then present to render medical or dental treatment deemed necessary and appropriate by the physician or dentist

## Release and Waiver of Liability

In consideration of my or my child/childrens participation in the activity described, and my consent thereto, and on behalf of my heirs, executors, administrators and next of kin, I hereby release, covenant not to sue and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs and expenses of any nature arising out of or related to, or in any way connected with my or my child/childrens participation in the Activity and/or any such related or associated activities, and further agree to indemnify and hold each of the released parties harmless from and against any and all liabilities, claims, actions, damages, costs and expenses including by way of example, but not limited to, all attorneys' fees, costs of court and the cost and expense of other professionals and disbursements up through and including any appeal. I, for myself, understand that this Release and indemnity includes any claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury, including, without limitation, death, property damage, and the loss by theft or otherwise, whether suffered by me or my child(ren) during or after such participation. For the purposes hereof, the **"RELEASED PARTIES"** are:

The Roman Catholic Bishop of Stockton, a Corporation sole

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(Parish/School/Organization)

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## **Youth Registration and Promise, Parental Agreement / Consent Release and Waiver of Liability**

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their respective parent, subsidiary, affiliated or related companies and the officers, directors, employees, agents, representatives, successors, assigns, and volunteers for each of the foregoing entities.

I am not aware of any medical condition I have which would render it inappropriate for me to participate in any such activity.

This Release and Waiver shall be governed by the laws of the State of California and any legal action related to or arising out of this Release and Waiver shall be commenced exclusively in the Superior Court in and for San Joaquin County, California, and I specifically waive the right of trial by jury for myself. I certify I am eighteen (18) years of age or older.

**I HAVE READ, UNDERSTOOD AND ACCEPT THE CONDITIONS OF THIS RELEASE AND WAIVER FORM, INDEMNITY AND PROMISE NOT TO SUE.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

# Diocese of Stockton

## Emergency Health / Medical Information and Consent

In the event of an emergency, I, the undersigned parent/guardian of the child named on this form, hereby gives permission to the Roman Catholic Bishop of Stockton, the Pastor, employees, agents, representatives, Chaperons and adult volunteers (the Designated Person(s)) to arrange for and authorize emergency medical, dental, or surgical treatment for my child, as considered necessary by the attending physician or dentist. I wish to be advised prior to any further post-emergency treatment by the hospital, doctor or dentist.

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Family Health Plan Carrier \_\_\_\_\_  
Policy Number \_\_\_\_\_

I also agree to provide the Pastor, the designated Youth Ministry representatives, Chaperon or adult volunteer with current telephone numbers at which I can be reached, as well as the names and phone numbers of individuals who are likely to know where I am should an emergency arise. In the event of an emergency, if you are unable to reach me at the numbers listed above, please contact:

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Phone Number \_\_\_\_\_  
Work Phone Number \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_

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

1. If my child becomes ill with symptoms that do not indicate emergency medical treatment (e.g., headache, vomiting, sore throat, fever, diarrhea), I wish to be called collect (reversed phone charges) to be informed of my child's condition.

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

2. My child is currently taking the following medication(s), which he/she will be bringing on this activity in well-labeled containers that include clear directions for dosage and frequency of usage. I hereby give permission the Designated Person (s) to administer the following medication(s):

\_\_\_\_\_  
\_\_\_\_\_

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

## **Emergency Health / Medical Information and Consent** (continued)

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3. No medication of any type (prescription or nonprescription) may be administered to my child unless his/her condition is life threatening and emergency treatment is required, as considered necessary by the attending physician.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

4. I hereby grant permission for nonprescription medication (e.g., non-aspirin pain relievers, throat lozenges, cough syrup) to be given to my child, if deemed advisable by the Designated Person(s).

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### **Specific Medical Information / Conditions**

Allergic reactions (to medications, foods, plants, insects, etc)

\_\_\_\_\_

Immunizations (date of last tetanus/diphtheria immunization):

\_\_\_\_\_

Current medications being taken by child:

\_\_\_\_\_

Medically-prescribed dietary restrictions?

\_\_\_\_\_

Physical limitations?

\_\_\_\_\_

History of severe homesickness, emotional reactions to new situations, sleepwalking, bed wetting, fainting?

\_\_\_\_\_

Any recent exposure to contagious disease/condition, such as mumps, measles, chicken pox? If so, specify the date and the condition exposed to:

\_\_\_\_\_

Any other special medical issues to be aware of?

\_\_\_\_\_