

11th and 12th Grade Prayer Retreat

TRANSFIGURATION Parent/Guardian Consent Form and Liability Waiver

Date: Saturday – Sunday, February 25 – 26, 2012

Location: Camp Gideon, Acworth, GA

Depart from Transfiguration: Saturday 9:00 a.m.

Transportation to Event: Volunteer drivers

Return to Transfiguration: Sunday, 2:00 p.m.

Emergency contact: Sheila Murray 678-551-3589

Fee: \$65.00 (**Early bird discount:** \$60.00 if registered by February 21st)

Refund policy: \$5 administrative fee for cancellations on or before February 12th;
No refunds after February 19th.



11th and 12th Grade Retreat

PARTICIPANT'S Name _____ High school _____

e-mail _____ Sex _____ Age _____ Grade _____ T-shirt size _____

Home phone () _____ Parent/Guardian Name(s) _____

Emergency/Medical Information

Additional phone number parent can be reached at on February 25-26, 2012: () _____

Alternate Emergency Contact Person (if the parent cannot be reached): _____

Phone: () _____ Relationship to participant: _____

Please note any special medical problems, allergies, or limitations the chaperones will need to be aware of: _____

Do we have permission to give over the counter medication if deemed appropriate? Yes No

Volunteers needed: I can drive: YES NO (circle one) Day: Saturday Sunday (circle one)

If YES: I have _____ available seats (do not include driver)

TEEN CODE OF CONDUCT

In signing below, I agree to abide by all policies and rules established for this event. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the event and being sent home at my parent's expense.

Basic rules/expectations include, but are not limited to, the following: Respect for all adult leaders, peers, and all property; NO illegal drugs, alcohol, underage smoking, firearms, explosives, or other illegal substances; Males and females are to remain in separate sleeping spaces at all times; No inappropriate physical/sexual activity; Appropriate attire to be worn at all times. Other guidelines may be set forth accordingly by adult chaperones present for the event.

Participant signature _____ Date _____

PARENT RELEASE

I (**Parent/Guardian above**) grant permission for my child (**Participant above**) to participate in this parish youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from the parish. A brief description of the activity is given above. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend **Transfiguration Catholic Church**, its officers, directors and agents, and the **Archdiocese of Atlanta**, Georgia, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Atlanta, chaperones, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Parent/Guardian signature _____ Date _____

For office use

Payment amount: _____ Cash (✓): _____ Check #: _____ CC (✓): _____ Type: _____ Rec'd by: _____ Date: _____