

The Westlake Area Youth Group's

Fall Retreat



SHIFT

November 15-17, 2013

St. Ladislav and St. Bernadette Catholic Churches will be hosting a Retreat for all High School Students.

The cost of the retreat is \$75 which includes all meals, lodging, transportation and activities.

But no one will be denied for financial reasons. Please complete and return this form ASAP to ensure your spot.

You will then receive a more detailed confirmation letter via e-mail. But, if you have any questions or concerns,

Please contact **Amanda Naujoks, Director of Youth Ministry (440)835-2300 / amandanojokes@yahoo.com**

Return this form to either parish office, ASAP - Confirmation will be sent via e-mail

THE COST FOR LATE REGISTRATIONS RECEIVED AFTER November 11TH WILL BE \$100

Student's Name: _____ Circle One: Team / Participant

Grade Level: _____ High School: _____ Referral (if any): _____

E-Mail: _____ Student Cell Phone: _____

Home Address: _____

City, Zip Code: _____

Home Phone: _____ Parish Affiliation: _____

I as a legal parent or guardian, hereby grant permission for the above named student to participate in the WAY's Youth Retreat November 15-17, 2013. I understand that transportation to St. Leonard's Youth Retreat Center in Avon will be provided for, leaving St. Ladislav at approx. 6pm on Friday and returning to St. Ladislav at approx. 2:30pm on Sunday. I understand that the Adult Team Members will provide the best possible supervision, but that neither they, St. Ladislav Church, St. Bernadette Church, or the Diocese of Cleveland are legally responsible for any accident or incident that may occur during this outing. I release them from all liability and waive all claims of any kind. In addition, I have completed the Medical Authorization and the Code of Behavior Forms with my Teen on the Reverse side. And finally, to reserve my child's space, I am including with this consent form, a **non-refundable deposit of \$25 made payable to St. Ladislav Church**. The balance of \$50 is due upon arrival in order to cover all costs, meals & lodging for the weekend. *Note: receive a discount of \$10 off of your fee for each person you get to also come on retreat (complete the referral section above).*

Parents Name: _____ Parents E-mail: _____

Parent/Guardian Signature: _____ Date: _____

FINANCIAL AID & FINANCIAL SUPPORT

The Parishes of St. Ladislav and St. Bernadette are committed to making spiritual opportunities available to everyone. Financial difficulties will not stand in your way. So, if you have financial need – please make note of that here and we will be sure to find a way to cover your child’s fees. And if there is anything that you can contribute, we thank you for your partial payment and sacrifice.

If you are able to help make this retreat possible for everyone, through a financial or in-kind gift (gifts cards- Costco, Aldi, other Grocery Stores) your support is most appreciated (and in these difficult financial times most important.) Know that all gifts are tax deductible and will be acknowledged with a receipt. Thank you!

EMERGENCY INFO & MEDICAL AUTHORIZATION

In the Case of an Emergency, every attempt to contact you will be made.

Mother’s Cell Phone: _____ Father’s Cell: _____

In the event that we are unable to reach you, we will transport your child to the nearest hospital or urgent care center and will seek medical attention and treatment deemed necessary by a licensed physician. You, as a legal parent or guardian of _____, a minor child, do hereby consent to this and agree to cover all related expenses.

Signature: _____ Date: _____

Medical Insurance Carrier: _____ Group #: _____

Name of Insured: _____ Child’s DOB: ___/___/___

Known Food & Medication Allergies:

Prescribed Medications your child will self-administer during retreat:

CODE OF CONDUCT

- You may not possess or consume illegal substances including alcohol, tobacco, or other drugs.
- You may not be present in the sleeping area or bathroom of the opposite sex.
- We do not permit the use of cell phones on retreat. You must speak with an adult to use a phone.
- No one may leave the premises of the Retreat Center during the weekend.
- All property must be treated with care and respect. Parents will be held financially responsible for any damage attributed to your teen.
- Teens must follow the retreat schedule as well as the directions of the Retreat Team & be at all events on time.

I agree to abide by the code of conduct stated above and cooperate with the Adult Leaders and Team. Violation of this agreement may result in immediate dismissal and require the parent to pick up the teen from the Retreat Center. If a teen is dismissed, no reimbursement will be made and he/she will forfeit the privilege of attending future overnight activities with the W.A.Y. Group.

Teen Signature _____ Date _____

Parent Signature _____ Date _____