

IGNITE 2014

What is your purpose?

This **September 5-7** SWYM hosts an all new Ignite Retreat at **Eagles Wings Retreat Center**.

Join Jeremy Rodriguez from Soundwave, the Core Team, Priests, and your peers for a life changing weekend.

Often we seek for **meaning & identity**. Come find that God is seeking **you**.

This journey will be filled with joy, surprises and memorable encounters with Jesus Christ.

Ignite Your Faith!

Sign up today.

Saint William Catholic Church Ignite Retreat 2014 Release Form
**Parental Consent for Youth to Participate in Activity
Emergency Medical Information, and Release Form**

Participant (name): _____

Parents (name(s)): _____
for themselves, heirs, executors, and administrators.

SWYM Ignite Retreat 2014 through Saint William Catholic Church, Round Rock, Texas, a Texas non-profit corporation, including its faculty, employees, contractors, clergy, agents, facilitators, and volunteers

Transportation Provided by Volunteers of Saint William Catholic Church.

- A. The undersigned represent that they are the parents or legal guardians of Participant and have full authority under law to sign this document.
- B. Parents grant their permission for Participant to enroll and participate in Ignite Retreat 2014, Sept 5-7, in Burnet, TX.
- C. Parents acknowledge and agree that:
 - (1) Participant and Parents voluntarily seek to participate in the Event; (2) the Event may involve physical activity that involves risk of injury; (3) Participant and Parents will abide by all policies and rules established for Event and instructions of those persons facilitating, organizing, or overseeing the Event; (4) Parents and Participant are responsible for Participant's conduct during the Event and are responsible for any damages, claims, or other costs caused by Participant or incurred as a result Participant's conduct; and (5) if Participant's conduct is inappropriate, unsafe or detrimental to the Event, other participants or other persons, Parish/School or the Diocese may be suspend or expel Participant from the Event and future Events.
- D. Unless this paragraph is struck and initialed by the undersigned, Parents authorize Parish/School and the Diocese to provide over-the-counter aspirin, pain relievers, cold medicine, and other over-the-counter medications to Participant at Participant's request if the Parish/School or Diocese deem it reasonable to do so. The Parish/School will make reasonable attempts to notify Parents prior to authorizing any such over-the-counter medication.
- E. In the event of an emergency or a situation that is reasonably considered to be an emergency, Parents authorize the Parish/School and the Diocese to seek and authorize emergency medical care to be given to Participant (for example, first aid, medication, anesthesia, or surgery). The Parish will make reasonable attempts to notify Parents prior to authorizing any such emergency care.
- F. Parents grant Parish and the Diocese permission: (1) to photograph and video tape Participant during the Event; and (2) to use the photographs and video tapes in publications and promotions of the Parish/School and the Diocese, including but not limited to publications such as websites, newsletters, advertisements, scrapbooks, and yearbooks.
- E. To the extent permitted by law, Parents, for themselves and for Participant, release and agree to indemnify and hold harmless the Parish/School, the Diocese, and the Transportation Provider from any and all liability, claims, demands, and costs which may arise as a result of Participant's participation in the Event or which is, in any way, related to such participation. This paragraph covers loss under any theory of loss (negligence or otherwise) including but not limited to personal injury or property damage. Parents and Participant assume all risk of injury or loss to themselves or their property.

Parent/Guardian signature: _____ Date: _____

Ignite Retreat 2014 Release & Registration Form

Student Name: _____ **T-Shirt Size:** S, M, L, XL, XXL Circle One

Parent Email: _____ **Phone Number:** _____

Grade: _____ **Gender:** M F **Preferred Name:** _____

Emergency Contact and Insurance Information

In the event of an emergency contact: _____

Phone: _____

Alternatively, contact: _____

Phone: _____

Participant's Insurance Carrier: _____

Phone: _____

Address: _____

Date of Last Tetanus Booster: _____

Participant has the following conditions (allergies, medical conditions, etc.): _____

Attach additional sheet if needed

Participant is currently taking the following medication: _____

Attach copies of prescription and any instructions related to the medication, including the amount and timing of dosages.

Special Instructions or Other Information: _____

Parent Section:

- I can help drive to the retreat center on Friday at 5:30pm
- I can help drive home from the retreat center on Sunday at 12:15pm
- I will chaperone the retreat (I am EIM Certified)
- I will donate \$_____ to the scholarship fund

Ignite Retreat 2014

- Sept 5-7 at Eagle's Wings in Burnet – Cost \$110
- Meet Friday 5:30pm (fed or with sack dinner) at the Pavilion
- Return: Sunday at 2:30pm (drop off in Pavilion Parking Lot) (Bring \$ for Lunch Stop on Return)
- **Form Due No Later than August 30, 2014 or Sept 2nd with a \$10 late fee.**
- **What to Bring:** Clothes, toiletries, an Open Heart, twin-size bedding or sleeping bag, a snack to share, a Bible, a Rosary, one outfit that can get MESSY, towels, closed toe shoes & socks, and \$ for lunch on the way back. (Optional) Camera
- **Do Not Bring:** Ipods/ Mp3 players, cell phones, drugs, alcohol, weapons, immodest or offensive clothes, or anything that will be a distraction to others.

Visit www.saintwilliams.org/swym/ignite for more details

Students with activities on Friday night can join us at 8:30 AM Saturday (breakfast) for the remainder of the retreat for \$95.