



*The Catholic Church of Mary Queen of Peace*

**ADVENT GIRLS RETREAT 2017**  
**REGISTRATION AND PERMISSION FORM**

**Please fill out this form and send along with the registration fee by December 9th to:**

Mary Queen of Peace Catholic Church, ATTN: Girls Advent Retreat  
21304 Church Avenue, Rogers, MN 55374

Student/Participant Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Email \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work/Cell Phone \_\_\_\_\_

**Date of Event/Field Trip:** Saturday, December 16<sup>th</sup>, 2017

**Type of Event:** Retreat for 5<sup>th</sup> – 8<sup>th</sup> grade girls

**Individual(s)/Teacher(s) in Charge:** Ana Teresa Deliz, Olivia Steeves, Jen Kellar

**Time:** 9:00 a.m. – 9:00 p.m.

**Cost:** \$45 per person before December 10<sup>th</sup>. \$50 after December 10<sup>th</sup>. (If you have more than one daughter, the first daughter is \$45, the following daughters pay \$35 each. After the 10<sup>th</sup>, all daughters pay \$50.)

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

\_\_\_\_\_  
Name/Relationship Phone Number

**HEALTH INFORMATION:**

Medication my child is taking at present \_\_\_\_\_  
Allergies \_\_\_\_\_  
Other Medical Conditions \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Family Health Plan carrier # \_\_\_\_\_  
Family Doctor \_\_\_\_\_  
Phone Number \_\_\_\_\_

I, \_\_\_\_\_, GIVE PERMISSION FOR \_\_\_\_\_  
Parent or Guardian Name Child Name

**TO PARTICIPATE IN THE ABOVE-DESCRIBED EVENTS:** I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify Mary, Queen of Peace from any claims or law suits brought by myself, my child, or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by Mary, Queen of Peace in defense of such a claim/suit. I agree to drop off and pick up my child. I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the Code of Conduct provided by Mary, Queen of Peace while participating in the event. I understand that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.

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

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (*Of the following statements pertaining to medical matters, sign only those that are applicable.*)

**Medical Treatment:** In the event it comes to the attention of Mary, Queen of Peace, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

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

I hereby grant permission for **non-prescription medication** (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

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

**Specific Medical Information:** Mary, Queen of Peace will take reasonable care to see that the following information will be held in confidence.

**Allergic reactions** (medications, foods, plants, insects, etc.): \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

You should be aware of these special medical, social, or emotional conditions of my child:

## CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and Mary, Queen of Peace Catholic Church. In this event sponsored by Mary, Queen of Peace Catholic Church.

*Please read and have your daughter(s) read and sign.*

I, \_\_\_\_\_, **WILL:**

**Printed Name of Youth Participant**

\_\_\_ Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.

\_\_\_ Respect the property of others, including all program facilities and property.

\_\_\_ Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.

\_\_\_ Be on time for all check-ins and departure time.

\_\_\_ Not have in my possession any tobacco, alcohol or any controlled illegal substance

\*I agree that if any of these terms are violated, Mary, Queen of Peace can send the participant home at the participant/guardian's expense.

\_\_\_\_\_  
Youth Participant

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Signature Date