



Please return form by **Sunday, November 5**

**HOLY FAMILY PARISH**  
**STUDENT PERMISSION FORM FOR PARTICIPATION**  
**CLOTHED IN THE SUN RETREAT, NOV. 10-12**  
Statement of Consent

I hereby consent to participation by my child, \_\_\_\_\_, in the event described in the event flyer/brochure scheduled for Clothed in the Sun Retreat

In consideration of my child being allowed to participate in this event, I agree to waive and release, and indemnify and hold harmless Holy Family Parish, any and all affiliated organizations, its/their employees, agents, representatives, volunteers and drivers, from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my child's participation in this event.

I authorize Holy Family Parish to obtain necessary medical treatment for my child in case of illness, injury or accident. List allergies, medication, dietary needs, learning needs, contacts, or other pertinent comments that may affect his/her participation in this event. *Please also include instructions about these needs* for the adult supervisor of this event if applicable.

\_\_\_\_\_

During this event, I can be reached at \_\_\_\_\_

I certify that I am the (check one) \_\_\_ custodial parent \_\_\_ legal guardian of the minor child named above and I agree to the above terms for myself and for my minor child. Please list any custodial concerns/ agreements which may affect your child's participation in this event.

\_\_\_\_\_

I understand that photographs and video may be taken during this event for future publicity, but would be used without my child's name, and that by consenting to my child's participation in the event, I am consenting to said photography and videography.

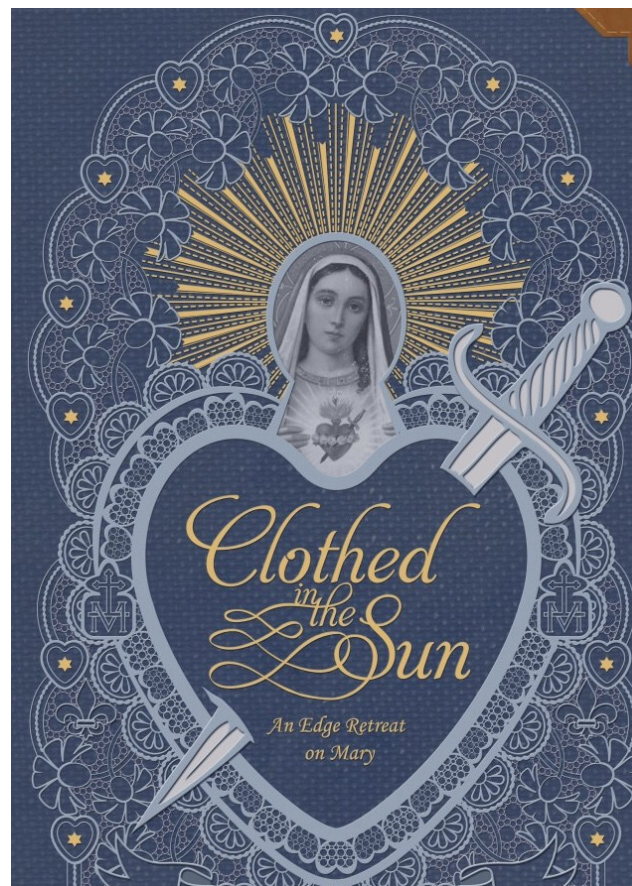
\_\_\_\_\_ Print Parent's Name

\_\_\_\_\_ Parent's Signature



*Come join us for the a Middle School Retreat*

*Clothed in the Sun*

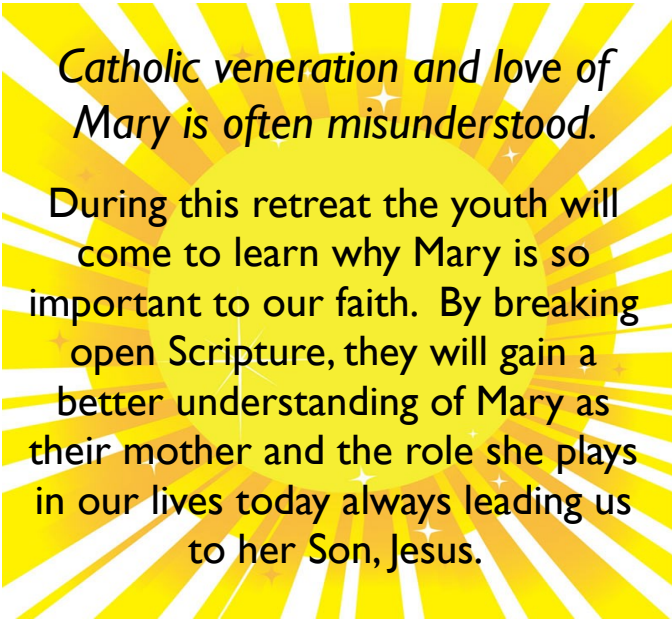


*The retreat will include fun, faith, friends, and food!*

*You won't want to miss it!*

*November 10-12, 2017*

To allow you time for family and homework after the retreat, there will be no Middle School Faith Formation Classes on Sun., Nov. 12



*Catholic veneration and love of Mary is often misunderstood.*

*During this retreat the youth will come to learn why Mary is so important to our faith. By breaking open Scripture, they will gain a better understanding of Mary as their mother and the role she plays in our lives today always leading us to her Son, Jesus.*

**Clothed in the Sun Retreat Information**

Retreat begins on Fri., Nov. 10 at 7:00pm and ends on Sun., Nov. 12 at 12pm.

Required for registration – due by **November 5:**

- ◇ Student Registration and Permission Form
- ◇ Payment: \$25.00 for Parishioner and \$35.00 for Non-Parishioner Guest (non-refundable)

*Financial Hardship: We believe retreats are an important part of a student's faith formation; so no one will be denied participation due to financial hardship. Please contact the CFF office to confidentially discuss your needs.*

- ◇ Medical Release (if not previously submitted with your CFF 17-18 registration)

*Retreat details will be sent via email after your registration, permission form and payment have been processed.*

**Questions?** *If you have any questions, please contact Whitney Pastrano, Coordinator of Middle & High School Youth Ministry at [youthministry@holyfamilycaledonia.org](mailto:youthministry@holyfamilycaledonia.org) or Mary Krell in the CFF office at 891-8867 or [mkrell@holyfamilycaledonia.org](mailto:mkrell@holyfamilycaledonia.org)*

**Registration: Retreat, Nov. 10-12, 2017**

Registration and Permission form due by **Sunday, Nov. 5**

- Yes! I have submitted my payment
  - Yes! I have completed the Permission Form (on the back)
- Sorry! No late registrations can be allowed.

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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

***Non-Parishioner Guests:***

- Please provide your name, address, phone and email
- Make sure you complete a separate Permission Form for *each* attendee
- A completed Medical Release is required to attend this event.

Medical Releases are available online at [www.holyfamilycaledonia.org](http://www.holyfamilycaledonia.org)

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Phone (best contact number): \_\_\_\_\_

Guest of: \_\_\_\_\_

**Parents:**

Can you be a chaperone ?    \_\_\_ Yes    \_\_\_ No

Can you help prepare meals?    \_\_\_ Yes    \_\_\_ No

*All adults must have completed all Diocesan Background Check requirements and have attended a Protecting God's Children session.*