



Please return form by **Oct. 15**

HOLY FAMILY PARISH
STUDENT PERMISSION FORM FOR PARTICIPATION
VERIFIED RETREAT, OCT. 26-28
Statement of Consent

I hereby consent to participation by my child, _____,
in the event described in the event flyer/brochure scheduled for VERIFIED
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



This is going to be a fun and faith-filled weekend on the shores of Lake Michigan at Camp Geneva! All 6th-8th graders are invited to come. We will focus on how we are Verified in Christ as His beloved children.



October 26-28, 2018

To allow you time for family and homework after the retreat, there will be no Middle School Faith Formation Classes (*High School will still meet*) on Sun., Oct. 28



We follow famous people on Twitter and Instagram but only if they have a verified account. Jesus has been “verified” for centuries. Are you following the most famous man who ever walked this earth? He is the only one who can truly verify any of us. Come get to know Him better on this retreat!

Verified Retreat Information

Retreat begins on Fri., Oct. 26 at 5:15pm and ends on Sun., Oct. 28 at 12:30pm. Transportation to and from Camp Geneva will be provided by Holy Family.

Bus from Holy Family 5:15pm Friday (leaving at 5:30pm)

Bus from Geneva 11:30am, returning to Holy Family at 12:30pm Sunday

Required for registration – due by **Oct. 15:**

- ◇ Student Registration and Permission Form
- ◇ Payment: \$55.00 for Parishioner and \$70.00 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 18-19 registration)

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

If you have any questions, please contact Whitney Cunningham, Coordinator of Middle & High School Youth Ministry at youthministry@holymfamilycaledonia.org or Mary Krell in the CFF office at 891-8867 or mkrell@holymfamilycaledonia.org

VERIFIED Retreat Registration and Permission Forms due by Oct. 15

- Yes! I have submitted my payment
- Yes! I have completed the Permission Form (on the back) 

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.holymfamilycaledonia.org

Guest Name: _____

Guest Parent Name: _____

Guest Parent Email: _____

Phone (best contact number): _____

Guest of: _____

Parents: Your help is needed!

Can you be a chaperone for the weekend?

___ Yes

___ Yes, but at these times only _____

___ No

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