

Please return form by **Feb. 10**



HOLY FAMILY PARISH
STUDENT PERMISSION FORM FOR PARTICIPATION
GLOW INTO THE DARK RETREAT, FEB 16
Statement of Consent

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



Saturday, Feb. 16, 2019





into the dark

An evening retreat for 5th & 6th grade students to learn, pray, and grow together while sparking their unique glow for the Kingdom of God. We will have time to build friendships, challenge our fears, and encounter Christ in a whole new light.

Glow into the Dark Retreat Information
Who: 5th & 6th graders - Parishioners and Guests
When: Saturday, Feb. 16
Time: 3-9pm
Where: Holy Family
Mass: Students will attend the 5pm Mass as part of the retreat experience
Required for registration – due by **Feb. 10:**
◇ Student Registration and Permission Form
◇ Payment: \$10.00 for Parishioner and \$15.00 for Non-Parishioner Guests (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 Mary Krell in the CFF office at 891-8867 or mkrell@holyfamilyleadonia.org

Glow into the dark Registration and Permission Forms due by Feb. 10

- 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.holyfamilyleadonia.org

Guest Name: _____

Guest Parent Name: _____

Guest Parent Email: _____

Phone (best contact number): _____

Guest of: _____

Parents: Your help is needed!
Can you be a help with dinner prep & cleanup? ___Yes ___No
Prep and clean-up is 5:45-6:45pm (or right after Communion if attending the 5pm Mass).
All adults must have completed all Diocesan Background Check requirements and have attended a Protecting God's Children session.