

# Student Copy

February 4, 2019

Dear Parent or Legal Guardian

Your child is invited to attend the Seton Parish High School Retreat. This activity will take place at Heartland Retreat Center. This activity will take place under the guidance and supervision of authorized adult personnel from Seton Parish. A brief description of the activity follows:

**Name of Event:** High School Retreat

**Locations:** Heartland Retreat Center, 3201 County Rd 225, Marengo, OH 43334

**Emergency Phone:** 614-733-4779 (Barbara's cell phone)

**Date:** April 5 – 7, 2019

**Time:** Departure time from Seton Parish 5:00pm  
Arrive back at Seton Sunday Approximately 12:00 pm

**Adult Supervisor:** Barbara A. Serrano

**Cost:** \$90.00

**Help Needed:** Please let Barbara know if you would be willing and available to help either chaperone the retreat **OR** to help car pool and transport students to the retreat and back.

As parent or legal guardian, you assume all legal responsibilities that may result from the actions taken by or the involvement of the named student.

***Please keep this sheet for reference and make note of departure and arrival times.***

***DEADLINE FOR  
REGISTRATION March 18, 2019***

*Full payment is expected for cancellations that occur after registration date unless participant finds a substitute  
(It is the responsibility of participants to find substitutes)*

*\*\*Participants who receive financial assistance will be expected to reimburse Seton Parish the full amount paid on their behalf if a substitute is not available and may be denied financial assistance for future events*

## **2019 High School Retreat April 5-7, 2019 What to Bring...**

- Boys - Beverages to share: bottled water, juices and soda in cans**
- Girls - Munchies to share, baked goods, cookies, trail mix, veggies & dip, fruit, and chips, etc.**
- Casual, comfortable clothes and a change of clothes for Mass on Saturday evening
- Pillow, sleeping bag, or other bedding (beds with mattresses will be provided)
- Appropriate sleepwear
- Extra pair of shoes that can get wet and/or dirty (Hiking boots or old athletic shoes that still have good traction would be great!)
- Plastic bag to put wet/dirty clothes in
- Towels, soap, shampoo, toothpaste and toothbrush, deodorant, and any other personal items
- Flashlight
- Softballs, bats, Frisbees or any other outdoor toys (optional)
- Jacket or sweatshirt in case the evening is cool

DIOCESE OF COLUMBUS

REGISTRATION/PERMISSION/RELEASE AND INDEMNIFICATION AGREEMENT

PARISH NAME Seton Parish PARISH CITY Pickerington
Please print clearly; return with appropriate payment to your adult leader. All incomplete forms will be returned.

I. REGISTRATION

A. Name of Participant:
Address:
City: State Zip Code
Phone ( ) Participant Cell (optional) ( )
E-Mail
Parish School
Date of Birth / / Male Female Grade
Name of Adult Leader Barbara A. Serrano

B. Name of Activity High School Retreat
Location: Heartland Conference Center, 3201 County Road 225 Marengo, OH 43334
Dates of Activity April 5 - 7, 2019
Mode of transportation if not self-provided: Car Pool and car pool to Mass at Sacred Hearts Catholic Church

II. PERMISSION

The undersigned hereby state(s) that (he/she/they) (is/are) the (parent/parents/guardian) of the above named Participant and have full legal responsibility for the Participant. The undersigned hereby grant(s) permission for the Participant to participate in the Activity named in Section I.B., above.

III. RELEASE AND INDEMNIFICATION

- A. Release. The undersigned on behalf of the undersigned, the Participant, and the heirs, successors and assigns of the undersigned and the Participant, hereby release, hold harmless from any liability, and discharge from all direct or derivative claims, actions, causes of actions, medical expenses, costs, legal expenses, other expenses and all other damages at law or in equity, known or unknown, direct or indirect, choate or inchoate against the Diocese of Columbus, the Parish and all current and former employees, agents, clergy, officers and volunteers of the Diocese of the Parish, arising from the Participant's participation in the Activity named in Section I.B., above.
B. Indemnification. The undersigned shall indemnify and hold harmless the Diocese of Columbus, the Parish, and all current and former employees, agents, clergy, officers and volunteers of the Diocese of Columbus or the Parish from any claim, liability, suit, judgment, loss, damage, expense, fee or cost (including court costs and attorney fees) arising directly or indirectly from the Participant's participation in the Activity named in Section I.B., above, unless arising from the negligence of an indemnified party.

IV. SPECIFIC MEDICAL INFORMATION AND MEDICATION

A. Specific Medical Information. The Parish will take reasonable care to see that the following information will be held in confidence.
Chronic Conditions (e.g. Epilepsy; Diabetes)
Allergic Reactions (e.g. Food, medications, plants, etc.)
Dietary Restrictions
Immunizations: Date of last tetanus/diphtheria immunization:
Any physical limitations?
Has the Participant recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition:
You should be aware of these special medical conditions of the Participant:

B. Current Medication: The Participant is taking medication at present. The Participant will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for taking such medications, including dosage and frequency of dosage, are as follows:

**C. Non-Prescription Medication**

Please check ONE of the following:

[ ] No medication of any type, whether prescription or non-prescription, may be administered to the participant unless the situation is life-threatening and emergency treatment is required.

[ ] Non-prescription medication may be given to the Participant, if deemed appropriate.

**V. EMERGENCY MEDICAL CONTACT AND TREATMENT**

**A. Emergency Contact Information**

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone(s) \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Member's Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**B. Emergency Medical Treatment**

In the event of an emergency, the undersigned hereby give(s) permission to transport the Participant to a hospital for emergency medical or surgical treatment. The undersigned wish(es) to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if the undersigned cannot be reached at the above numbers, contact:

Name & relationship: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**VI. CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION (Leave blank if Consent not granted.)**

The undersigned hereby consent to the release of photographs and name of the Participant to be used by the Diocese of Columbus and Seton Parish \_\_\_\_\_ (PARISH NAME) for future promotional programs of the Diocese and Parish. If you have any questions or concerns, please contact Barbara A. Serrano \_\_\_\_\_ (PARISH POINT OF CONTACT) at 614-833-0485 \_\_\_\_\_ PHONE NUMBER).

**VII. CODE OF BEHAVIOR**

The Participant shall comply with the following:

1. The Participant must stay and participate in the entire event. The Participant may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.
2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
3. Foul language is not tolerated.
4. The Participant must comply with any and all directions of activity staff.
5. The Participant must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the Participant involved and the undersigned.
6. Failure to abide by this Code of Behavior may result in a request to the undersigned to transport the offending Participant from the premises, and the undersigned shall immediately comply with the request.

**VIII. SIGNATURES**

**THE UNDERSIGNED HAS READ, UNDERSTANDS AND  
HEREBY AGREES TO AND ACCEPTS ALL PROVISIONS IN  
THIS AGREEMENT**

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_