

FALL RETREAT 2016 PARTICIPANT REGISTRATION

EVENT DETAILS

Begins: 7:30 pm on Friday, November 4 at Charlottesville Catholic School (1205 Pen Park Road)

Ends: Sunday, November 6 after the 4:30 pm Mass at Incarnation (around 5:45 pm)

Who: Registration is open to all students in grades 9-12

Cost: \$50 per person for the entire weekend (checks payable to Incarnation)

RSVP: Please turn in your completed registration form with payment by Sunday, October 30

Details: The retreat will be held at CCS, but participants will sleep at nearby family homes. Each home will host a small group of boys or girls (there will be no mixed-gender sleep homes). We conclude with the 4:30 pm Mass at Incarnation, and all family members are encouraged to join us for that Mass.

Bring: Comfortable clothes and shoes for the weekend (we will be outdoors if weather permits, and we will occasionally run around); sleeping bag and pillow; towel; toiletries; **optional:** journal, musical instrument.

PARTICIPANT INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: **M / F** Grade: _____ School: _____

Phone: _____ E-Mail: _____

Dietary Restrictions: _____

PARENT/GUARDIAN INFORMATION

Please provide contact information for at least one parent/guardian in case of an emergency. Email will be our primary form of communication for retreat details, so please print neatly.

Name: _____ Name: _____

Phone: _____ Phone: _____

E-Mail: _____ E-Mail: _____

MEDICAL INFORMATION

Are you allergic to anything? **Yes / No**

Details:

Are you currently taking any prescription medication(s)? **Yes / No**

List the specific medication(s), reasons for taking, and daily dosage:

Any physical or emotional conditions we should know about? **Yes / No**

Details:

PARENTAL HELP SIGNUP

As a parent I would like to help by: (mark all that apply, we will contact you with more details)

- Hosting a sleep home for a small group of boys or girls Friday and Saturday nights
- Helping to carpool: to sleep homes each night, from sleep homes each morning,
and/or to Incarnation on Sunday before the 4:30 pm Mass
- Donating food or supplies
- Helping to prepare and serve a meal: Saturday lunch, Saturday dinner*, or Sunday lunch

*Saturday's dinner will be provided by Baja Bean. We need help picking up the food from their store (2291 Seminole Lane, across Route 29 from Wal-Mart), transporting it to CCS, serving the meal, and cleaning up afterwards.

USE OF PICTURES AND/OR VIDEO

*I give permission for pictures and/or video of my children (named above) engaged in activities related to any Church of the Incarnation event to have their pictures posted in the Church of the Incarnation publications or websites. Names of participants **will not** be used without expressed permission from the parent or guardian. If neither box is checked below, Incarnation assumes you give permission.*

YES NO Parent/Guardian Signature:

Date:

RELEASE OF LIABILITY AND MEDICAL RELEASE

As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above named minors. I agree on behalf of myself, my children named herein, or our heirs, successors, and assigns, to hold harmless and defend the Church of the Incarnation, its employees and agents, chaperons, or representatives associated with this event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Incarnation, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Incarnation.

I hereby warrant that to the best of my knowledge, my children are in good health, and I assume all responsibility for the health of my children. In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold the Church of the Incarnation responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Parent/Guardian Signature:

Date: