

**St. Malachy 7<sup>th</sup> & 8<sup>th</sup> Grade Overnight Retreat Permission Form -  
Friday, April 3-Saturday, April 4, 2020**

~~~~Please be sure to fill out both sides~~~~

Participants Name (First, MI, Last): \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Church \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

I, (Parent/Guardian name) \_\_\_\_\_ grant permission for my child, (Participants name) \_\_\_\_\_, to participate in the 7<sup>th</sup> & 8<sup>th</sup> Grade Overnight Retreat at St. Malachy- April 3-4, 2020.

T-shirt size (circle one)      Adult S                  Adult M                  Adult L                  Adult XL

I understand the risks such activities present to my child, including, but not limited to serious personal injury or death. Any questions I may have concerning these activities have been answered. As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (participant). In consideration for my child being allowed to participate in this activity, I hereby RELEASE and AGREE to INDEMNIFY AND HOLD HARMELESS the Diocese, the parish, the school and their employees and agents, and the volunteers assisting St. Malachy Church, from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorney's fees) arising from or related to my child's participation in this activity.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Participants Code of Conduct**

I, \_\_\_\_\_, agree to abide by all rules and regulations set forth by the state of Illinois and the United States of America, as well as those set before me by the leaders/volunteers of the retreat I take part in with St. Malachy Parish Youth Group. I understand that I may be sent home if my conduct is not appropriate.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**Publicity Form**

On occasion, St. Malachy Parish and/or Youth Ministry and/or the Diocese of Peoria, takes photographs or makes an audio/video/digital recording of the participants involved in parish activities. Such photographs or video/digital recordings may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual/digital recordings may be used in St. Malachy Parish/Youth Ministry and/or Diocesan publications or advertising materials to let others know about our school/parish/Diocese. In addition, local news organizations may hear of our activities or events, and our school/parish/Diocese may invite or allow them to photograph or record our events to be used, distributed or displayed, as agents of the school/parish/Diocese see fit. This consent includes but is not limited to: photographs, video/digital recordings and audio recordings.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

## Medical Information

Participants Name (First, MI, Last): \_\_\_\_\_

Emergency Contact Name(s)/Relationship: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_ Emergency Contact Cell Phone #: \_\_\_\_\_

Participants Regular Physician: \_\_\_\_\_ Physicians Phone #: \_\_\_\_\_

## Medical Conditions

Please list any medical conditions of the above participant: (asthma, diabetes, epilepsy, etc.)

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Please list any allergies or allergic reactions to medications for the above participant:

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If participant is a minor, do you give permission for them to be responsible for their own medicine, or do you request an adult leader to be responsible for the participant's medication?

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Date of participant's most recent tetanus shot: \_\_\_\_\_

Any other pertinent medical information of participant:

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## Medical Insurance Information

Company: \_\_\_\_\_

Plan Identification Number: \_\_\_\_\_

Identification Number of Covered Employee: \_\_\_\_\_

**PERMISSION SLIP DEADLINE:** Wednesday, March 25, 2020

**Check in Time:** Friday, March 3, 2020 – 3:30 pm

**Retreat Start Time:** Friday, March 3, 2020 – 4:00 pm

**Pick-up Time:** Saturday, March 4, 2020 – 7:00 am

**Items to Bring:** Pillow, sleeping bag, snacks for after program part of the evening

**Retreat Donation:** \$15.00 – Make checks payable to St. Malachy Church

Permission forms and fees may be dropped off at the parish office or mailed to:

Debbie Mattan  
St. Malachy Church  
595 E. Ogden Ave.  
Geneseo, IL 61254

If you have any questions please call Debbie Mattan at - office 309.944.5393 or home 309.945.4413  
email at [MattanDebbie@saintmalachy.org](mailto:MattanDebbie@saintmalachy.org)

## **RULES:**

**We want you to have fun!**

**Please turn off cell phones during the program part of the Retreat – if we see ‘em or hear ‘em they’re ours ‘til 11:00pm.**

**Be respectful when you enter and are present in the church. No food or drink is to be taken into the church.**

**Be respectful of the speakers and listen with ‘CLOSED MOUTHS.’**

**If you need to leave early and it wasn’t noted on your permission slip, please let on of the adults know. Even if it was noted on your permission slip let an adult know before you actually leave.**

**Do not leave the building without an adult’s permission.**

**After the program part of the evening is over we will play games, and show movies. If a participant falls asleep, he/she will be respectfully woken and moved to the separate gender sleeping area.**

**The tables are not for sitting on and neither are the basketball hoops! Please respect the furniture and equipment in the building or we could lose the privilege of using it.**

**Once again, please turn your cell phones off during the program part of the evening.**

**Remember, you will only get out of your Retreat, what you put into it, so participate & have fun!**