

CHRISTIAN AWAKENING RETREAT
PERMISSION FORM

<u>OFFICE USE</u>
AMT PAID: _____
CHECK # _____
CNF RT # _____

PARENT/GUARDIAN: PLEASE READ CAREFULLY AND SIGN

I GIVE MY PERMISSION FOR _____ TO ATTEND THE
(Student Name as you want on name tag) – PLEASE PRINT
CHRISTIAN AWAKENING RETREAT to be held at the Beech Grove Benedict Inn Retreat Center or
Fatima Retreat Center on: (Please clearly mark your 1st, 2nd, and 3rd choices.)

- _____ Sept. 26-29, 2017 _____ Oct. 17-20, 2017 _____ Nov. 28- Dec 1, 2017 _____ Dec. 26-29, 2017
_____ Jan. 23-26, 2018 _____ Feb. 27- Mar 2, 2017 _____ Mar. 20-23, 2018 ^Christmas Break ^

(Dates will be assigned in order permission forms and Full Payment are received.)

I understand that the full cost of the retreat is \$260 which must be turned in with this form to guarantee a spot on a given retreat. I also understand that I may pay a deposit of \$130 with the understanding that the balance of the retreat will be paid in full as soon as I am able. If finances are a concern, please contact Mr. Striby. No student will be turned away due to financial difficulties, but contact must be made with Mr. Striby. **If paying by check, please make out to "Roncalli High School" and put the student's name on the subject line.** Any correspondence regarding payment or scheduling or rescheduling **MUST** be done in writing or via email.

I understand that the means of transportation to and from the retreat is the official school bus. Furthermore, I understand that, while school personnel will be present during this school sponsored activity, there will be times when my son/daughter will not be supervised directly by school personnel. *I understand that the retreat, as a school-sponsored activity, carries with it the rules of conduct which govern such events. I understand that if my son/daughter disregards these rules or violates the spirit of the retreat I will be contacted and requested to come for him/her.*

I HAVE READ THE TERMS OF GRANTING MY PERMISSION AND WITH MY SIGNATURE GIVE MY FULL CONSENT:

Signature of Parent/Guardian X _____ Date _____

MEDICAL EMERGENCY AUTHORIZATION

If a medical emergency occurs I understand that a school official in charge will try to contact me immediately by phone. However, I authorize emergency medical treatment by a qualified physician or hospital personnel if that is deemed necessary by the school official and/or medical personnel.

Signature of Parent/Guardian X _____ Date _____

Please list any special needs your son/daughter has in regard to diet, medications, or emergency treatment:

Food Allergies:

STUDENT CONTRACT

PLEASE READ ALL SECTIONS CAREFULLY AND SIGN.

I understand that the CHRISTIAN AWAKENING RETREAT is a three and a half day program that is designed to help me reflect on my relationship with myself, others and God in the framework of a directed retreat. I understand that I will be expected to participate in the scheduled events which include large and small group activities. I agree to respect any and all rules governing the retreat and the use of the Benedict Inn Retreat Center or Fatima Retreat Center. **SINCE THIS IS A SCHOOL SPONSORED EVENT, I UNDERSTAND THAT THE RULES WHICH GOVERN SCHOOL-SPONSORED ACTIVITIES APPLY TO THIS RETREAT; THAT VIOLATION OF THESE RULES WILL RESULT IN MY PARENTS' BEING CONTACTED, MY LEAVING THE RETREAT, AND DISCIPLINARY ACTION BEING TAKEN BY THE ADMINISTRATION.** I understand that, should this occur, I will forfeit the deposit and balance of the retreat cost.

I understand that it will be my responsibility to make up all class work missed during my absence from the classroom within 3 DAYS commencing the Monday after retreat week. In addition, I understand it is my responsibility to notify all of my teachers that I will be attending retreat and to ask for all assignments ahead of time.

Student Signature **X** _____ Date _____

Student E-Mail Address (non RHS email) (please print clearly) _____

Student Cell Phone _____

Catholic Parish and or Catholic Grade School attended (if applicable) _____

Please Circle T-Shirt Size S M L XL XXL

FOR DIRECTOR'S FILES

PLEASE COMPLETE THIS ENTIRE SECTION

Names of parent(s)/stepparent/guardian(s) that **YOU LIVE WITH**: (*See below)

Parent/ Stepparent/ Guardian _____ Cell _____

Work Phone _____ Relation to Senior _____

Parent/ Stepparent/ Guardian _____ Cell _____

Work Phone _____ Relation to Senior _____

Home Address _____ Home Phone _____

City _____ Zip _____ Language spoken in this home _____

*** If your parents/Guardians are separated or divorced, please include the name, address, and phone number of the parent/ guardians that you DO NOT LIVE WITH:**

Parent/ Stepparent/ Guardian _____ Cell _____

Work Phone _____ Relation to Senior _____

Parent/ Stepparent/ Guardian _____ Cell _____

Work Phone _____ Relation to Senior _____

Home Address _____ Home Phone _____

City _____ Zip _____ Language spoken in this home _____