

Shirt Size: S M L XL XXL

SMCHS SOPHOMORE RETREAT PERMISSION FORM

(Please circle one) – STUDENT PARTICIPANT or STUDENT LEADER

Event: Sophomore Retreat

Department: Campus Ministry

Faculty: Tori Cutcher

Destination: San Francisco Solano Catholic Church, RSM, CA

Transportation: N/A

Departure Time: 8:00 AM

Return Time: 2:30 PM

Retreat Dates: _____

Dress Attire: Casual, MODEST clothing

Participant Cost: \$50

Leader Cost: \$25

Student Medical Release Agreement:

I hereby request that _____ participate in the trip to Irvine Ranch Outdoor Education Center. *(Students Name)*

I, the parent (guardian) of the above named student, hereby, give my permission for his/her participation in the activity named above. I agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of the activity. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

Should it be necessary for my child to have medical treatment (including dental or hospital treatment) on this trip, I hereby give the school personnel permission to use their best judgment in obtaining medical service for my child, and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician.

I agree that in the event my child is injured as a result of his/her participation in the above named activity, including transportation to and from such activity, whether or not caused by the negligence (active or passive) of the school or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine and/or of my spouse.

I give my consent and understand that supervision and/or transportation for this event may be provided by one adult if student participation is between two and nine students.

Parent/Guardian's Name {Print}

Parent/Guardian's {Signature}

Student's {Signature}

Emergency Contact Information:

(Please print legibly)

(Home Address) (City) (Zip Code)

() _____ () _____ () _____
(Mom's Cell) (Dad's Cell) (Work)

(Parent's Email Address)

If you cannot be reached contact: _____

() _____
(Phone Number) (Email Address)

Emergency Medical Information:

(Please print legibly)

Medical Insurance Company: _____

Policy Number: _____

Doctor's Name: _____

() _____
(Phone Number) (Email Address)

Allergies/Medical Problems/Disabilities:

Student's Date of Birth: _____

Student's Gender: *(Please circle one)* MALE or FEMALE

Questions, Comments, or Concerns:

Behavioral Contract

(Please initial upon reading each item.)

____ I agree to follow all rules and directions of the student leaders and chaperones.

____ I agree not to bring drugs, alcohol, cigarettes, or chewing tobacco on retreat.

____ I agree not to bring stink bombs, firecrackers, matches, lighters or any and all other type of explosive, flame producing object, or weapon on retreat. I also will not use anything as a weapon.

____ I agree not to bring phones, iPods, Mp3 players, radios, Walkman's, CD players, video games, Newspaper, books, homework, magazines or anything else that would distract myself, fellow retreatants, or the retreat leadership.

____ I agree to no romance of any form or sexual misconduct on this retreat.

____ I agree not to use profane language or inappropriate gestures while on retreat.

____ I agree to be back to the designated meeting place on time from any free time and all breaks.

____ I agree to have a fun and respectful attitude and participate fully in all activities and events.

I understand and agree to these rules and guidelines. I also understand and acknowledge that if the retreat leadership believes my behavior warrants me being sent home, I will be sent home and my parents will be held financially responsible for my transportation and the cost of any damages caused by my inappropriate behavior.

Student's {Signature}

Student {Initials}

Date

Parent/Guardian's Signature

Date