

2016 ALTAR SERVERS RETREAT REGISTRATION FORM
Holy Cross Parish, Las Cruces July 16, 2016, 9:00 AM- 4:30 PM

_____ I will attend the Holy Cross Altar Server Retreat on July 16 2016

Full Name _____ Age _____ Male _____ Female _____

Last First MI

Mailing address _____ City _____ Zip _____

Name of parent or guardian _____ Home Tel. _____ Work Tel. _____

Email _____

Parish _____ Tel. _____ Pastor _____

PARENTAL/GUARDIAN CONSENT

(The registration must have the consent form signed by the parent(s)/guardian of the altar server)

I, Mr., Mrs., Ms. _____ give permission for _____

(Print Server's name)

to attend the Altar Servers Retreat on Saturday, July 16, 2016 at Holy Cross Parish, Las Cruces

I will not hold Holy Cross Parish or the Diocese of Las Cruces responsible for any injuries sustained during the retreat. I give my permission for him/her to participate in walking, running and games involving physical exercise. He/she is in good physical condition and does not have any serious illness or operation since his/her last physical examination. In the event of a medical emergency, I give my permission to have my son/daughter or ward taken to a medical facility for treatment. If I cannot be reached, contact:

Name _____ Relationship _____ Tel .. _____

My physician's name _____ Physician's Tel. _____

Comments regarding health needs, i.e., allergies, special medications, etc.

Parent/guardian signature _____ Date _____

For Holy Cross Altar Servers Retreat, Las Cruces. PLEASE INCLUDE PAYMENT WITH REGISTRATION AND MAIL BOTH no later than **JULY 11** TO: Margarita Hayes, 1280 Med Park Dr. Las Cruces, NM 88005.

Registration Fee: \$10.00 Includes light breakfast and lunch. Make check payable to Diocese of Las Cruces.