

NIGHTLIGHT XXIII REGISTRATION FORM
(SUMMER RETREAT 2019)

Student Name _____ Address _____

Student Cell Phone # _____ School _____ Grade _____

Please list all medical conditions/medications/allergies that we should be aware of. Please also include any dietary restrictions. This will be kept confidential.

I give permission for my child to attend St. Catharine's Nightlight Retreat from July 12th-14th, which will be held at the Capuchin Franciscan Youth & Family Ministries Center in Garrison, New York. I hereby waive and release all rights and claims for damages which I have against St. Catharine's Youth Ministry Program and all its agents, servants, employees for any and all injuries which my child may incur while taking part in this event. This release includes any injuries incurred traveling to and from this event.

I understand that this is a drug/alcohol/tobacco free event and that my child will not bring, possess, or consume these items while on the retreat. Furthermore, it is understood that if my child becomes ill, or destructive, or violates the drug/alcohol/tobacco policy, the local police will be contacted and a parent/guardian will have to pick them up immediately. If after the retreat information about drug/alcohol/tobacco use that took place on the retreat comes to light similar actions may be taken. In the event that I cannot be reached, the emergency contact listed below will be called for all emergencies.

Printed Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date _____

Parent/Guardian Home Phone # _____ Cell Phone # _____ E-mail Address _____

Emergency Contact Name _____ Relationship to Student _____ Phone # _____

Medical Release: In the event of an emergency where medical treatment is necessary, I give permission for the St. Catharine's CYO Staff to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

Printed Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date _____

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WHEN

Friday - Sunday
July 12th - 14th, 2019

WHERE

The CYFM Center
781 Route 9D
Garrison, New York

Depart: St. Catharine's parking lot at 7:00 p.m. on Friday, July 12th

Return: Sunday, July 14th at approximately 4:00 p.m.

Cost: **\$160** per person, includes room, transportation and meals!
(finances should never be a reason to miss a retreat; please call me!)

Checks must be made to St. Catharine's Youth Ministry.

******PERMISSION SLIP AND PAYMENT ARE DUE BY JULY 8TH!!!******

Please call me with any questions! - Megan Breitenbach (551)-579-0173