



March 9-11, 2018

Individual YOUTH

Each Youth Attendee must submit this form to the group's Youth Minister and present at time of registration. Each teen must have this form to enter the retreat. The "Liability and Medical Release" portion must be signed by a parent/legal guardian AND by the attendee if they are 18 or older. NO individual registration forms will be accepted unless part of a supervised Youth Group with appropriate Group Registration Form.

PLEASE do not use any other liability or release form. Copy form as needed.

NAME _____ Male ___ Female ___

Age ___ High School Grade ___ Parish _____ Youth Minister Name _____

Home Address _____ City _____ Zip _____

EMERGENCY PHONE # (prefer parent cell#) _____

Liability and Medical Information / Release

Accident/ Medical Insurance Company _____ Policy # _____

Known Allergies: _____

Medical Conditions: _____ Current Medications: _____

Permission to give over-the-counter medication? Yes ___ No ___

The undersigned hereby release, forever discharge and agree to hold harmless St. Catherine of Siena Academy and the Arch Diocese of Detroit, Michigan from and against any and all liability. Claim, demands, lawsuits and expenses of any kind arising from personal injury, sickness death, or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and or participant.

The undersigned further agree to indemnify and hold St. Catherine of Siena Academy and the Arch Diocese of Detroit and its respective members, directors, employees and agents (collectively the "indemnities") harmless from and against any and all claims, demands, actions, lawsuits and liabilities, including attorney fees and expenses sustained by the Indemnities as a result of negligent, willful or intentional acts of the undersigned and/or participant (if the participant is under 18, 18 yrs old or older.)

The participant agrees not to transmit, distribute or sell (or aid in transmitting, distributing or selling) any description, account, picture, video, audio or other form of reproduction of this event (in whole or in part). The participant grants permission to St. Catherine of Siena Academy and the Arch Diocese of Detroit to utilize the participant's image, likeness actions and statements in any live or recorded audio, video or photographic display or other transmission or reproduction, in whole or in part, of the Mission Retreat event.

If the participant is under 18 years of age: I (we) the parents or legal guardian of the participant, do hereby grant permission for our child to participate fully in the Mission Retreat and all of its activities and hereby give permission for my son/daughter, in case of emergency, to be taken to a physician or hospital by the Mission personnel. I (we) hereby assume all responsibility for all medical bills. Further, should it be necessary for the participant to return home due to medical reason, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs.

Parent or Legal Guardian Signature (required on all forms) _____ Date _____

Parent or Legal Guardian Printed Name (required) _____

Participant's Signature (Required only if 18 yrs or older) _____ Date _____



For all Chaperones and Priests

March 9-11, 2018

Each Chaperone attending the Mission retreat must complete this form, sign the Liability and Medical release portion and submit this form to the group's Youth Minister. Thank you as this does help in case of an emergency.

PLEASE do not use any other liability or release form. Copy form as needed.

NAME _____ Male ___ Female ___

Age ___ Parish _____ Parish Youth Minister's Name _____

Home Address _____ City _____ Zip _____

EMERGENCY PHONE # _____

All adults attending 18yrs and over must have completed Diocese safe child training.

Additional form with Pastor signature required for all adults attending.

Liability and Medical Information / Release

Accident/ Medical Insurance Company _____ Policy # _____

Known Allergies: _____

Medical Conditions: _____ Current Medications: _____

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Chaperone/ Priest Signature _____ Date _____



Protocol Verification Letter

I, _____, Pastor of _____

Parish, hereby verify that all chaperones and adults from our parish who will be attending the Mission Retreat from March 9-11, 2018 have successfully completed our Diocesan Virtus Training and Background Check.

This form due at registration.

Signed _____ (Pastor / Associate Pastor)

Date _____



March 9-11, 2018

Final Group Registration

Due by Feb.5, 2018

Each group must complete this form to register participants for the Mission Retreat.

To receive the early registration price of \$75 this form and deposit or full payment is due by Feb. 5th 2018. All registrations received after Feb. 5th will be at the full price of \$90 per person. We appreciate your help in this process.

Mail to: Nancy Duey – St. Mary Church 157 High Street. Williamston, Mi. 48895
Checks made payable to : SCSA – (St Catherine of Siena Academy)

Any questions, please contact Nancy Duey at 517-655-2520

Parish Name _____ Address: _____

City _____ Zip _____ Parish Phone _____

Youth Minister/ Contact person _____

Email _____ Phone # _____

Tally for sleeping arrangements:

Youth - Male ____ Female ____ Chaperones – Male ____ Female ____

Priests attending _____ TOTAL # ATTENDING _____

PLEASE CHECK ONE OF THE FOLLOWING FOR PAYMENT ARRANGEMENTS

_____ Deposit amount \$25 pp _____ Remaining balance due Feb. 5th _____

_____ Balance paid in full _____ (\$75 pp by Feb. 5th/ \$90pp after)



Use of Image Waiver

Attendee Form

Please carefully read and sign this form for the THE MISSION RETREAT 2018

'Through my own and/or my child's AGREEMENT TO ATTEND THE MISSION RETREAT March 9-11, 2018, I hereby grant the permission to use my own and/or my child's image and likeness in any television broadcast, photograph, video, internet site, audio-recording, and in any and all of its publications, including website entries (collectively "promotional materials") without payment or any other consideration. I understand and agree that these promotional materials will become the property of THE MISSION RETREAT AND ST. CATHERINE OF SIENA ACADEMY and will not be returned. I hereby irrevocably authorize any of the above mentioned to edit, alter, copy, exhibit, publish or distribute my own/my child's image or likeness for purposes of publicizing or promoting the THE MISSION RETREAT or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my own/my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the promotional materials. I hereby hold harmless and release and forever discharge THE MISSION RETREAT AND ST. CATHERINE OF SIENA ACADEMY, from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf, my child's behalf, or on behalf of my estate have or may have by reason of this authorization.'

Name/Child Name _____

Signature/Parent-Guardian Signature _____

Parish/Group Name _____

Date _____