

EDGE: ALL 4 Jesus! Middle School Retreat 2009

Permission Form and Medial Release – Must be filled completely.

Retreat Date: October 24, 2009

Check in Time: 1:00 pm

Check out Time: 6:00 pm

What To Bring: A friend, a smile,
Good Attitude

Free: food, friends, Jesus, fun

You may drop off your
Permission slip at PSR (Religion),
in the church basket, the office, or

mail to:

Holy Rosary Catholic Church
Attention Youth Office
44450 Hwy. 429
St. Amant, LA 70774

Forms due before Oct 12th

Call Mrs. Tammy @ 647-5321
e-mail holyrosaryyouth@eatel.net

Visit the website for more
information and to download a
form for a friend :
www.holyrcc.org Click on youth
ministry and then EDGE.

Sign up Begins today!

Teen's Name _____ Date of Birth _____
Address _____
City _____ State _____ ZipCode _____
E-Mail _____

PARENT/GUARDIAN

I, _____ (name), give permission to my above mentioned son/daughter to attend the One Day Retreat titled, All 4 Jesus, at Holy Rosary Roman Catholic Church. If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by appropriate health care personnel. I release Holy Rosary Roman Catholic Church's core of all responsibility and/or consequences that may arise as a result of any injury suffered and resulting treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment. My child agrees to abide by all the rules and regulations as listed by Holy Rosary Edge Core. I understand that Holy Rosary Roman Catholic Church will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from Holy Rosary Roman Catholic Church's premises.

Signature of Parent/Legal Guardian _____ Date _____

Family Physician _____ Telephone _____

Allergies _____

Current Medications _____

Medical History _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

Name _____ Name _____

Address _____ Address _____

Home Phone _____ HomePhone _____

Work Phone _____ Work Phone _____

- ONE FORM MUST BE COMPLETED BY EACH PERSON ATTENDING.

