



## **Jr. High Spiritual Retreat**

May 25<sup>th</sup>-26<sup>th</sup>, 2019

Grades 6<sup>th</sup>, 7<sup>th</sup>, & 8<sup>th</sup>

(Incoming 6<sup>th</sup> graders and outgoing 8<sup>th</sup> graders welcomed)

Registration Packets can be found online: [www.StTeresitaYCC.org](http://www.StTeresitaYCC.org) under the in Info Tab.

Please complete the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Registration Form  | <input type="checkbox"/> Youth Permission Slip |
| <input type="checkbox"/> Photo Release Form | <input type="checkbox"/> Read Guest Handbook   |

### **Payment:**

**General Registration**      **Cost: \$102**

**Deposit of \$50** is due with pre-registration

**Remaining Balance** is due before camp or on the day of arrival

We accept: Visa, MasterCard, Discover, Check or Cash

*(Scholarships available based on eligibility)*

**Check – In Arrival Date & Time:** Saturday May 25<sup>th</sup> 7:30am-8:00am

All forms must be filled out in order for child to attend. Payment must be made in full before retreat starts.

**Departing Date & Time:** Sunday, May 26<sup>th</sup> 1:00pm

Retreatants will be released to parents only, unless prior arrangements have been made.

### **Contact Us:**

Phone: 559-561-1038    Fax: 559-561-1039

Email: [info@stteresitaycc.org](mailto:info@stteresitaycc.org)

Mail: PO Box 249, Three Rivers, CA 93271

### **Address:**

43818 Sierra Drive Three Rivers, CA 93271



## YOUTH HEALTH AND PERMISSION SLIP FORM

TO THE PARENT/LEGAL GUARDIAN: You must give permission on this form for your child to attend and participate in events and activities held at Santa Teresita Youth Conference Center (STYCC).

Name of Child	School/Parish Name
Name of Parent(s)/Guardian(s)	School Year
EVENT/ACTIVITY/SPORT	

**\_\_\_\_\_ (Parent/Guardian initial)** Permission to SWIM and use POOL **Failure to initial will result in the withholding of your child from pool use.**

My child is physically fit and capable of participation in this activity. I have told my child to follow the rules and instructions, given by STYCC personnel or agents, chaperones, or diocesan personnel responsible for all school/parish/organization events and activities. I understand that participation in this event/retreat/camp may involve some risk (including any travel to and from these events or activities) and that unforeseen events can occur. I am aware that a swimming pool is on the youth retreat premises and that my child may enter the pool during designated supervised times. I declare that my child is able to swim and tread water. The pool depths range from 3ft to 7ft.

In exchange for permitting my child to participate in this activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against STYCC and the Catholic Diocese of Fresno. I release and discharge STYCC and the Catholic Diocese of Fresno from all liability or responsibility from death, illness, personal injury, or property damage arising out of this activity.

This permission, waiver, release, and consent applies to Santa Teresita Youth Conference Center, and to the Roman Catholic Diocese of Fresno, The Roman Catholic Bishop of Fresno (a corporate sole), all other Diocese of Fresno schools, all parishes, affiliated organizations, and their officers, clergy, agents, and employees.

Trip Information:

Destination of Field Trip:
Departure Date and Time:
Estimated Return Date and Time:
Mode of Transportation:

*Continued on reverse side and/or next page*

Address:		City:	Zip:
Parent(s)/Guardian(s) Names			
Mother:		Father:	
<i>Daytime</i> Telephone Number(s) of Parent(s)/Guardian(s)		<i>Nighttime</i> Telephone Number(s) of Parent(s)/Guardian(s)	
Mother:	Father:	Mother:	Father:
<i>Cell</i> Telephone Number(s) of Parent(s)/Guardian(s)		Child's Date of Birth	
Mother:	Father:		
Emergency Contact <i>Other</i> than Parent/Guardian			
Name:			
Relationship:		Telephone Number:	
Allergies (foods, drugs, insects, etc.)			
Medications (name, dosage, reasons)			
Other information or Special Health/Physical Considerations ( <i>Attach extra sheet if necessary</i> )			
Insurance Carrier:		Insurance Group or ID Number:	
Name of Child's Doctor:		Telephone Number:	
Name of Child's Dentist/Orthodontist:		Telephone Number:	

In the event of an emergency, and if STYCC is unable to contact me, I authorize STYCC personnel or other adult leadership, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly license physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, the Diocese of Fresno and STYCC will not be responsible to pay for any medical or dental expenses. A copy of this form shall be valid as the original and may be given to the adult leader of the activity.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## Release of Photo/Video Production

Parents/Guardians: Please complete this form granting permission for your child's photograph or video image to be used in a STYCC produced document (e.g. website, publication, video production).

NAME ( <i>Child or Adult attending STYCC</i> )	DATE
PROJECT EVENT TITLE	

I hereby grant STYCC (hereinafter called PRODUCER), their nominees, designees, and successors full authorization and the absolute right and permission to sell, assign, convey, reproduce, copyright, use or publish photographic reproductions, portraits, or pictures of me, motion picture or video tape pictures of me, or in which I may be included in whole, in part, or in composite, or in which character or form is distorted, in conjunction with my own or any other picture, product, person, name or reproduction, in color or otherwise, made through any media at its studios or elsewhere, for art, advertising, commerce, business or trade, or any other lawful purpose whatsoever.

I hereby waive any right I may have to inspect or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to hold harmless PRODUCER, its nominees, designees, successors, and assignees or others for whom they are acting from any liability of any nature or description by virtue of any use whatsoever, whether intentional or otherwise, or from any change that may occur or be produced in the taking of said picture or pictures, or any processing tending towards the completion of the finished product, unless it can be shown that said use or change is solely for its purpose of subjecting me/named child to conspicuous ridicule, scandal, reproach, scorn and indignity.

### For MINORS Release

If the student is under 18 years of age, the parent or legal guardian of the model must sign below.

I, parent and/or legal guardian of the above named child, do hereby consent and grant my permission to all of the foregoing.

SIGNATURE OF PARENT OR GUARDIAN
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### For ADULT Release

SIGNATURE (If Adult Attending)
ADDRESS
TELEPHONE