

**ST. FRANCIS PERMISSION FORM**  
**APRIL 27-29 RETREAT**

I hereby give my permission for my child \_\_\_\_\_

(Fill in name of child)

to participate in the retreat on April 27-29, 2018 at the Dickson Valley Camp and Retreat Center. I hereby release and indemnify St. Francis of Assisi Parish in Bolingbrook, IL, its staff, volunteers, the Joliet Diocese and staff and volunteers from other Parishes in the Joliet Diocese from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event. I understand that my child is responsible for following certain regulations while taking part in this event.

**Code of Behavior**

You are representing St. Francis of Assisi Parish at this event and we expect that you will represent us in a Christian manner. It is expected that you will display a mature and responsible behavior which for many years has been the trademark of Catholic youth and adults of our diocese.

Some expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Use appropriate language and behavior.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothes should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug by any individual is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
9. Infraction of any of the above rules can mean immediate dismissal with no refund. Participants will also be responsible to local authorities as well.

*I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved. I also understand and agree that my parents and/or guardians will be notified at the time of an infraction requiring my dismissal. My parents/guardians will be responsible for my removal from the premises and any costs involved.*

**Teen Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

(Please fill out both sides of this form)

Fee is \$130 – please return by April 11<sup>th</sup>

Checks can be made payable to “St. Francis of Assisi Parish”

PLEASE NOTE THIS YEAR'S CHANGE:

**NO BUS BACK TO ST. FRANCIS ON SUNDAY**

**MEDICAL PERMISSION**

I grant permission for the administration of First Aid to

\_\_\_\_\_

by the people in charge of the event and those transporting my child to and from the program as their judgment deems advisable, and to make necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of a serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary for my child.

Allergic to food(s)/medication/other? NO \_\_\_ YES \_\_\_ WHAT? \_\_\_\_\_

\_\_\_\_\_

**INSURANCE INFORMATION**

Policy in the name of : \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Identification Number: \_\_\_\_\_

Authorized Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(youth) (youth)

Address: \_\_\_\_\_  
Street City State Zip

Day Phone: \_\_\_\_\_ Evening: \_\_\_\_\_

Email Address: \_\_\_\_\_  
(parent)

Email Address: \_\_\_\_\_  
(youth)

Emergency Phone Contact: \_\_\_\_\_