

# Catholic Teens Grades 9-12 (2018-19)

## NET Discipleship Week (D-Week)

June 17-20, 2019

NET Center - West St. Paul, MN

### ***“Be Stirred Into Flame”*** (2 Tim. 1:6)

- Fill out the registration and medical release form - a parent must sign it!
- The cost for the retreat is \$200 per person and includes food and lodging. **In order to make it more affordable for the youth of St. Mary's and St. Louis' Parishes to attend, your cost is \$100.**
- The remaining \$100 will come from the Brat Sale Fundraiser at Prince Bait on opening fishing weekend - Friday, May 10<sup>th</sup>. **Those attending the retreat MUST HELP WITH THE FUNDRAISER!!!**
- Enclose your **non-refundable** payment of \$100 and your registration form in an envelope and return it **by March 1** to: St. Mary's Church, 625 3<sup>rd</sup> Avenue SE, Milaca, MN 56353. \* **Please register through St. Mary's, not Online.**  
\*\*\* Make your check payable to: Youth St. Louis and St. Mary's.
- A limited number of spots are open and are filled on a first-come, first-served basis --- so register **no later than March 1st!!!**
- You will receive an acknowledgment from NET upon receipt of your registration.
- Transportation will need to be provided by the parents. Carpool arrangements will be made in June. The parents of all youth attending D-Week must fill out and sign liability/transportation release forms.
- Questions??? Call St. Mary's office at 983-3255.

# Parental/Guardian Consent Form and Liability Waiver Requirement of the Diocese of St. Cloud

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female (circle one) Current Grade: \_\_\_\_\_ (2018-19)

Any food allergies or special dietary needs? \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell/Business phone: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_ to participate in this parish event that requires transportation to a location away from the parish site. This transportation to this activity will take place under the guidance and direction of parish volunteers from St. Mary's Parish, Milaca, MN and St. Louis Parish, Foreston, MN.

A brief description of the activity follows:

Type of event:	<b>Discipleship Week 2019 ~ Grades 9-12 (2018-2019)</b>
Date:	June 17-20, 2019
Destination:	NET Retreat Center in West St. Paul, MN
Drivers in charge:	Volunteer parents from St. Louis and St. Mary's Parishes
Individuals in charge:	NET Ministries Staff
Estimated departure time:	11:30 a.m. Monday, June 17, 2019
Estimated return:	5:00 – 6:00 p.m. Thursday, June 20, 2019
Mode of transportation to and from event:	Privately owned vehicles

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor. Appropriate behavior is expected of my child while on this event and I understand if inappropriate behavior occurs, my child will be removed from the activity and I will be called to determine further action.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Mary's Church of Milaca, MN, and St. Louis Bertrand Church, Foreston, MN its officers, directors, employees and agents, and the Diocese of St. Cloud, MN, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of St. Cloud, MN its employees and agents and chaperones, or representatives associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from negligence of the parish/diocese.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Care Plan Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Medical Treatment:** In the event it comes to the attention of the chaperones that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges being reversed to myself.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**-OR-**

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen) to be given to my child, if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Listed below are medical concerns for my child regarding this activity:

\_\_\_\_\_