

# Fall Retreat Nov. 17-19<sup>th</sup>

**This form is due in no later than Wed. Nov. 1st.**

- Who:** All high school students are welcome to attend. **Space is limited**, we will fill spaces as registrations come in. In past years there has been a waiting list.
- When:** The retreat starts on Friday evening, Nov. 17 and will end after an onsite Mass on Sunday, Nov. 19<sup>th</sup> (parents/families are invited to attend Mass). Parents will be notified of the arrival time & Mass time and receive a packing list via a **parent informational email** which you will receive on Nov. 10<sup>th</sup>.
- Where:** The retreat will be held at Camp Burton. The camp's address is: 14282 Butternut Rd, Burton, OH 44021.
- Cost:** The cost of the weekend is **\$90 per person**. If you have more than one teen attending, the retreat cost is \$80 for each additional teen. Please note that if your teen decides not to attend after November 10, your payment is non-refundable. **Checks can be made out to: Holy Angels Church.**
- Bring:** Bibles, rosaries, sleeping gear, toiletries, towel, and comfortable clothes.
- Don't Bring:** Please bring clothing appropriate for the weather. **No leggings or yoga pants.** Do not bring any electronics (including cell phones, iPods, computers, etc.). Members of our Core Team will have cell phones in case of emergency: Alex Yates (330) 998-4635

Please **Return Form** with payment, parent signature, and medical form **NO LATER THAN Nov. 1st** to:  
Holy Angels Church 18205 Chillicothe rd. Chagrin Falls, OH 44023

I, \_\_\_\_\_, am the \_\_\_\_\_ of  
(Name of Parent/Guardian) (Father, Mother, Guardian, etc..)

\_\_\_\_\_, a participant in the Fall HAYgroup Retreat.  
(Student's name)

*I hereby request permission for the above named child/children to attend the Fall HAYgroup Retreat and I consent to the child's participation in the retreat. I understand that I must provide transportation to and from the camp for my child. I hereby assume all risks in connection with the youth retreat and I further release discharge, and/or otherwise indemnify the Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, Holy Angels/ Our Lady of Mount Carmel employees and volunteers from all claims, judgements, liability by or on behalf of my child, myself and my spouse for any injury or damage due to the child's participation in the youth retreat including all risks connected therewith whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child/children. I understand I have the opportunity to call Alex Yates (440) 708 0808 and ask him about the youth retreat.*

*I hereby give consent to **photograph or videotape** aforesaid participant and without limitation to use such photographs or videotapes and or stories in connection with any work of the Church of the Holy Angels without consideration of any kind, and I do hereby release the Church of the Holy Angels from any claims whatsoever which may arise in said regard.*

*I hereby give consent to **text, email, or call** aforesaid participant in regards to youth group events held by or relating to the Church of the Holy Angels*

Signature of parent/guardian: \_\_\_\_\_ Home # (\_\_\_\_) \_\_\_\_\_

Teen's Name \_\_\_\_\_ Age \_\_\_\_ Parent Emergency # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Teen Cell Phone # (\_\_\_\_) \_\_\_\_\_ This is my Teen's 1<sup>st</sup> Retreat: Yes \_\_\_\_ No \_\_\_\_

Parent Email \_\_\_\_\_

Payment: Paid in Confirmation Registration \_\_\_\_ Cash \_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_

Allergies \_\_\_\_\_ Vegetarian? \_\_\_\_\_

**Medical Form on Reverse Side**

# HAYGROUP LIFE TEEN

Please list any health problems you may have and any medications being taken at the present time. (*Confidential*)

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## Parent/Guardian Contact Information (in the event of an Emergency)

Name (s): \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

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Please list all phone numbers in case of an emergency

Home: \_\_\_\_\_ Mom cell: \_\_\_\_\_ Dad cell: \_\_\_\_\_

## Teen's Medical Information

Health insurance carrier: \_\_\_\_\_

Name of policyholder: \_\_\_\_\_

Member number: \_\_\_\_\_

Group number: \_\_\_\_\_

Child's birthdate: \_\_\_\_\_

Please list any important medical information such as allergies, asthma, special needs, and any medication your child may be taking that a physician or dentist should be alerted: \_\_\_\_\_

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I/we the parent(s) or legal guardian(s) fully understand that if I/we have any questions about Holy Angels Ministry events I/we may contact Alex Yates, the Director of Youth and Young Adult Ministry, at 440.708.0808 ext. 208

X \_\_\_\_\_  
Parent/Guardian Signature Date