

life-teen spring retreat

march 16 - 18, 2012

- Who:** All high school students are welcome to attend. **Space is limited**, so we will fill spaces as registrations come in. **This form is due in no later than February 29, 2012.**
- When:** The retreat starts at 6:00pm on Friday, March 16 and will end after Mass on Sunday, March 18. Mass is at 2:00 pm at the Hiram House (parents/families are invited to attend Mass).
- Where:** The retreat will be held at Hiram House Camp. The camp's address is 33775 Hiram Trail in Chagrin Falls, which is off Rt. 91 (SOM Center Rd), south of Rt. 87.
- Cost:** The cost of the weekend is **\$75 per person**. If you have more than one teen attending, the retreat cost is \$65 for each additional teen. Please note that if your teen decides not to attend after February 29, your payment is non-refundable.

What to bring:
Bibles, rosaries, sleeping gear, toiletries, towel, comfortable clothes.

What not to bring:
Do not bring any electronics (including cell phones, iPods, computers, etc...). Members of our Core Team will have cell phones in case of emergency: Teresa Szary 413-387-9742.

Please KEEP the top section as your reminder!!

Please return this section with payment and parent signature NO LATER THAN February 29 to:
Lake Life Teen, ATTN: Teresa Szary 1730 Mt. Carmel Drive, Wickliffe, Ohio 44092

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

_____, a participant in the Life Teen Retreat.
(Student's name)

I hereby request permission for the above named child/children to attend the Life Teen Spring 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 indemnity the Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, St. Helen/Our Lady of Mount Carmel/Immaculate Conception/St. Mary Magdalene/St. Anselm/St. Francis Assisi/St. Joseph/ St. Gabriel/St. John Vianney/St. Mary of the Assumption/St. Mary (Chardon)/Divine Word/St. Noel/Sts. Robert William Parishes, employees and volunteers from all claims, judgments, liability by or on behalf of my child, my self 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 Teresa Szary at 440-585-0700 and ask her about the youth retreat.

- Yes, I have a current Medical Release Form on file with my youth group
- No, I do not have a current Medical Release Form on file with my youth group

Signature of parent/guardian: _____ Home # (____) _____

Teen's Name _____ Age _____ Parent/Emergency # (____) _____

Address _____ City _____ T-Shirt Size _____

Teen Cell Phone # (____) _____ Parish _____

Payment: Cash _____ Amount of Check _____ Check # _____ Already Paid _____

Allergies _____ Vegetarian? _____

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