

Friendship in Christ Teen Retreat

Saturday, February 18, 2023

St. Julie Billiard Devine Center

9am – 2pm

\$10 fee covers pizza and snacks (please advise if there are dietary restrictions)

Youth Participant’s Full Name: _____

Date of Birth: _____ Academic Year: _____

Email Address: _____ Home Phone: _____

School: _____

General Permission

I, the Parent/Guardian, _____ of the above-named youth participant, grant my permission for him/her to participate in the Friendship in Christ Teen Retreat of St. George and St. Julie Billiard Youth Ministry. The retreat will take place under the guidance and direction of employees and/or volunteers of St. George and St. Julie Billiard Parishes and/or the Archdiocese of Chicago at St. Julie Billiard on February 18, 2023, from 9am – 2pm.

Medical Release

In the event that the undersigned and emergency contact cannot be reached and in the judgment of the youth minister and other adult employees or volunteers, there is a necessity for immediate examination and/or treatment of my child, I hereby request and authorize any of the aforementioned personnel to obtain for my child such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

Dietary Restrictions & Food Allergies:

PROMOTIONAL RELEASE: I also consent to the use of any videotapes and/or photographs in which my son/daughter may appear by the Archdiocese of Chicago and/or St. George and St. Julie Billiard Parish Youth Ministry. I understand that these materials may be used for promotion of youth ministry programs and/or activities, which may include recruitment and fundraising efforts.

Consent for all the Above

Youth Participant’s Signature: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact’s Name: _____ Phone: _____