

St. Francis

HIGH SCHOOL
A Catholic, College Preparatory School for Young Women

Junior Retreat – Celebrating the Gift

Participant Name: _____

Parent/Guardian Names: _____

Mother (Please print) Father

Home Phone Numbers _____

Work Phone Numbers _____

Cell Phone Numbers _____

Please check the appropriate box:

- September 17-19, 2008 at the Jesuit Retreat Center, Applegate, CA
- January 14-16, 2009 at the Jesuit Retreat Center, Applegate, CA

Transportation to and from the retreat center will be by chartered bus. Each retreatant will share a room and have a common bathroom. All meals are provided by the retreat house.

Please note any dietary restrictions: _____

The fee for this retreat is \$125; please attach a check payable to SFHS. Financial assistance is available.

***Refunds cannot be given after two weeks prior to the retreat date.
Please circle tee-shirt size S M L XL XXL**

Emergency Information

In the event of an emergency, I/we, the undersigned parents/guardians of the child named on this form, hereby give permission to the Diocese of Sacramento, St. Francis Catholic High School, and their employees, agents, representatives, and adult volunteers, to arrange for and authorize emergency medical, dental, or surgical treatment for my child, as considered necessary by the attending physician. I wish to be advised prior to any further treatment by the hospital or doctor.

Physician Name: _____

Physician Phone: _____

Health Plan Carrier _____

Plan # _____

Dentist Name: _____

Dentist Phone: _____

Dental Plan Carrier _____

Plan # _____

In the event of an emergency, if you are unable to reach me at the numbers listed above, please contact:

Name: _____

Relationship: _____

Telephone # _____

Alternate # _____

Signature of Parents/Guardians

Date

My daughter is allergic to: _____

Medical Condition: _____

My daughter is currently taking the following medication(s), which she will bring on this activity, in well-labeled, original containers that include clear directions for dosage and frequency of use. I hereby give permission for an adult leader to administer the following medication(s): _____

My daughter may receive the following over the counter medications from the first aid kit if she requests it: ___ Acetaminophen 325mg (contains no aspirin) ___ Ibuprofen 200mg ___ Midol (teen formula)
 ___ Benadryl ___ Sudafed ___ Tums

Signature of Parents/Guardians

Date

Parent Agreement/Consent

I/we, the undersigned parents or guardians of the child participant named on this form give permission for my/our daughter's participation in the St. Francis Catholic High School activity referred to on this form, and in addition to the Health/Medical Information Consent provisions that we have agreed to above:

- I/we agree to direct my/our child to cooperate and comply with all reasonable directions and instructions from Campus Ministry staff or adult volunteer leaders.
- I/we give permission for my/our child to be transported to and or from St. Francis Catholic High School programs, events, and activities by chartered bus or in vehicles driven by an adult.
- I/w agree to be responsible for all medical expenses relating to injury of my/our daughter as a result of her participation in any St. Francis Catholic High School Campus Ministry activities, whether or not caused by the negligence of the school, diocesan or campus ministry program employees or agents, or volunteers or other participants.
- I/we understand that in the course of participating in St. Francis Catholic High School Campus Ministry activities, my/our child may engage in activity that carries a risk of injury to the body, psyche, or property of themselves and others. Such injuries can be cause by other persons, may be accidental or self-inflicted, or may arise from faulty equipment or facilities, existing conditions of recreational facilities, vehicle accidents while in transport during an activity, or through the activity itself.

Accordingly, in consideration for being permitted to participate in the activities of the St. Francis Catholic High School Campus Ministry programs, to use the equipment provided, and to enter the premises and facilities of the Diocese of Sacramento, for any purpose including observation of and participation in activities, the undersigned parent or guardian, for him or herself and any successors in interest, and on behalf of the minor child, agrees as follows:

- To release, waive, discharge, and promise not to sue the Roman Catholic Bishop of Sacramento, a corporation sole, and its affiliated entities, employees, agents, and volunteers (the "Diocese") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche, or injury to property of the minor child, or to undersigned parent or guardian, whether caused by negligence or other conduct by the Diocese while the minor child, parent, or guardian is participating in the Campus Ministry activities or in, upon, or about the premises of the Diocese or any of its facilities or equipment.
- To indemnify and hold harmless the Diocese from any loss, liability, damage, or cost it may incur due to the presence of the minor child, parent, or guardian in, upon, or about the premises of the Diocese, its facilities or equipment, or while participating in any Campus Ministry activities whether caused by the negligence of the Diocese or otherwise.
- That he or she has read this Consent Form and agreement and voluntarily signs it, and that no oral representations, statements, or inducements apart from the contents of this Form have been made.

I/we have read this Agreement and understand and agree to everything set forth above.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Retreat Behavior Expectations

Behavior

At a school-sponsored event, the student is expected to:

- Comply with school policies and event policies regarding dress and behavior;
- Refrain from smoking, drinking alcohol, or using drugs;
- Remain with at least two other students at all times;
- Never go out alone and/or unsupervised;
- Never spend time socializing with 'local' people around the hotel or within the city;
- Never bring strangers—'local' people or other event participants—to the hotel or to your room;
- Never give out vital information (such as hotel name, phone number, or room number) to anyone not connected with SFHS;
- Notify chaperones of any excursions outside of group activities;
- Be on time to all scheduled activities;
- Participate in all group activities and events;
- Remain in the hotel if feeling sick;
- Be in the hotel by established curfew and remain until wake-up call.

Consequences

At a school-sponsored and chaperoned trip, the chaperones will review the situation and enforce the following consequences for any breach of expected behaviors:

- Parents will be notified and apprised of the situation;
- If warranted, the parent will be required to pick up the student from the event;
- If the parent is unable to pick up the student in a timely manner, the student will be placed on room restriction for the duration of the field trip or until alternate arrangements can be made, or the student will be sent home at the parent's expense;
- Student, upon return to SFHS, will face disciplinary action;
- The student will not be allowed to participate in any future school-sponsored events.
- If the student turns in a forged permission form, or if the student attends the trip without turning in a permission form, the student will be suspended.

I have read the Behavior Expectations and I agree to abide by them as written. I understand that failure to abide by these expectations will result in consequences as listed above.

Student's Signature

Signature of Parent/Guardian

Date