*Luke 18 Retreat 2022*

**Luke 18 8th Grade Registration Form**

Name (8th Grader): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-shirt size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Phone & Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name & Phone Number (If different than parent/guardian):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any unusual dietary requirements, medical history, medications, or allergies:

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**Authorization**

* I hereby authorize my son/daughter to attend and participate in the Luke 18 retreat weekend, April 22nd-24th, at Queen of All Saints. I authorize them to spend the night at a parishioner’s house in the case that we decide to utilize sleep houses for the high schoolers and eighth graders. I give permission for a licensed driver to provide transportation for the student between QAS and the Sleep House.
* In the event of an emergency, if you are unable to contact my designated emergency contact listed above or myself, I hereby give permission to the staff to transport my child to a hospital by private car or ambulance to receive emergency medical or surgical treatment. I further agree to accept any and all financial responsibilities resulting from any medical treatment obtained. I relieve Queen of All Saints and all of the retreat staff of all responsibility and consequences that may arise from this treatment.
* I hereby give permission for pictures/videos of my son/daughter taken during retreat to be placed in Queen of All Saints’s bulletin, website and/or social media for purposes of promoting youth group.

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*Parent Signature Date*