

Christ Our Hope

Jer. 29:11

High School Fall Retreat November 11th–13th YMCA of the Rockies Estes Park, CO

Cost: \$80/Teen*

Deadline: Forms & Payment Due Nov. 1st

2 Payment Option:

- 1st payment 10/01– \$40
- 2nd payment 11/01– \$40

Who's Invited:

- All 9th–12 Graders Welcome
- **Required** For Confirmation

When:

- Depart 11/11 from Light of the World
- Return 11/13 to Light of the World

Need to Know:

- 11/11 Dinner NOT provided: bring Sack Lunch
- Parent/ Teen Potluck upon Return
- Make Sure to Bring a Snack to Share
- More Info Coming Soon (Dept./Arriv. Times, Packing List, Potluck Assignments)

Light of the World Catholic Church

Questions/Comments:

Phone: 303–973–3969

Email: Bryan Smyth, Bryan@lotw.org

Or Heidi Frechin, Heidi@lotw.org*(Cost of Retreat Greatly reduced by

Youth Pancake Breakfasts– Thank you for your support!!)

Life Teen & Confirmation Fall Retreat

November 11-13, 2011

YMCA of the Rockies, Estes Park Colorado

Registrations Due November 1, 2011

Participant's Name _____ Birth Date _____ Age ____

Address _____ City _____ State ____ Zip _____

Participant's Phone # _____ E-Mail Address _____

Parish Light of the World Group Leaders Bryan Smyth & Heidi Frechin

The undersigned do hereby release, forever discharge and agree to hold the **Archdiocese of Denver and the above named Parish** harmless from and against any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever which may be incurred or suffered by the undersigned and or the participant (If participant is under 18, or 18 and older) while attending the above activity. Furthermore, the undersigned hereby assume all risk of personal injury, sickness, death, damage and expense arising from the undersigned's or participant's (if participant is under 18, or 18 and older) participation in all activities, including recreation and work activities involved in the above activity. In addition, authorization and permission is hereby given to furnish all necessary transportation, food, and lodging for the undersigned or participant (if participant is under 18, or 18 and older). The undersigned further hereby agree to indemnify and hold the Archdiocese of Denver, the above named Parish, and their respective members, directors, employees, and agents (collectively, the 'Indemnities'), harmless from and against any and all claims, demands, actions, lawsuits and liabilities, including attorney's fee and expenses sustained by the Indemnities as the result of the negligent, willful, or intentional acts of the undersigned and/or participant (if participant is under 18, or 18 and older).

If participant is under 18 years of age: We (1) are the parent(s) or legal guardian(s) of the participant, and hereby grant permission for _____ to participate fully in the above activity and all of its undertakings, and hereby give our permission to take said participant to doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery; and, we fully and completely assume responsibility for all medical bills. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs.

This form MUST be signed by ALL participants under 18 and ALL participants 18 and older.

Participant's Signature _____ Date _____

Parent / Legal Guardian Signature _____ Date _____

Printed Name _____ Phone # During Event _____

Emergency Contact _____ Phone _____

**Please list all medical information in the space provided on the reverse of this document.*

Medical Release Form

Participant _____

Doctor's Name _____ Phone _____

Insurance Company _____ Policy # _____

Preferred Hospital provider if applicable _____

Medical Concerns: Please list all information pertaining to allergies, diet, special medications, health conditions or any other information necessary in an emergency situation. Explain fully.

Allergies, _____

Prescription medications (please include name of prescription, dosage and times)

Permission to give over the counter medications

We (1) are the parent(s) or legal guardian(s) of the participant, and here by grant permission for

_____ to be given common over the counter medications as necessary

for non-emergency treatment of minor ailments. Please list any exceptions

Parent / Legal Guardian Signature _____ Date _____

Light of the World Catholic Church

10316 W Bowles Ave, Littleton, 80127

Phone: 303-973-3969

Email: Bryan@lotw.org or Heidi@lotw.org