

# ANTIOCH REGISTRATION

PLEASE PRINT

## EVENT DETAILS

Event Title:	<u>Antioch Retreat</u>	Event Date:	<u>March 2-4, 2012</u>
Location:	<u>The Charlottesville Catholic School</u>	Cost:	<u>\$50</u>
Drop Off Time/Location:	<u>7:30pm, CCS</u>	Pickup Time/Location:	<u>6pm Church of the Incarnation</u>
Description:	Antioch is a retreat led by a team of 11 <sup>th</sup> and 12 <sup>th</sup> graders who plan the retreat, give the talks, and lead the small groups. Registration is open to anyone in grades 9-12. Please include cash or check with your registration. Financial aid is available: email Patrick for more information at <a href="mailto:patrick@incarnationparish.org">patrick@incarnationparish.org</a> .		

## PARENT INFORMATION

Please provide contact information for one parent in case of an emergency. Email will be our primary form of communication for retreat details, so please print neatly and notify us if you do not have an email or do not check it.

First Name: _____	Last Name: _____
Home Phone: _____	Cell Phone: _____
Email Address: _____	

## PARTICIPANT INFORMATION

First Name: _____	Last Name: _____
Birthday: _____	Gender: _____
T-Shirt Size: _____	Grade (2011-2012 School Year): _____
Dietary Restrictions: _____	Cell Phone: _____
Email Address: _____	School: _____

## MEDICAL INFORMATION

***In many cases, our staff and volunteers are not familiar with the medical, physical, and/or emotional history of each participant. Please share ANY information relating to the participant in detail. BE AS SPECIFIC AS POSSIBLE.***

Are you allergic to anything?  <input type="checkbox"/> YES <input type="checkbox"/> NO	List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances):  _____ _____
Are you currently taking or have taken any prescription medication in the last 6 months?  <input type="checkbox"/> YES <input type="checkbox"/> NO	List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.  _____ _____
Do you have any physical or emotional conditions?  <input type="checkbox"/> YES <input type="checkbox"/> NO	List any physical or emotional conditions that may impede participation in the event. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant.  _____ _____

## PARENTAL HELP SIGNUP

As a parent I would like to help by:  
(mark all that apply, we will contact you with more details)

- Being a sleep home for several kids during the retreat
- Donating Food
- Donating money towards scholarships for other kids to attend this retreat. Enclosed is \$ \_\_\_\_\_
- Donating money towards Incarnation Youth Ministry. Enclosed is \$ \_\_\_\_\_
- Helping cook or prepare a meal for the retreat
- Helping setup on Friday

## USE OF PICTURES AND/OR VIDEO

*I give permission for pictures and/or video of my children (named above) engaged in activities related any Church of the Incarnation event to have their pictures posted in the Church of the Incarnation publications or websites. Names of participants **will not** be used without expressed permission from the parent or guardian. If no box is checked below, Incarnation assumes you give permission.*

**YES**  **NO** Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RELEASE OF LIABILITY AND MEDICAL RELEASE

*As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above named minors. I agree on behalf of myself, my children named herein, or our heirs, successors, and assigns, to hold harmless and defend the Church of the Incarnation, its employees and agents, chaperons, or representatives associated with this event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Incarnation, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Incarnation.*

*I hereby warrant that to the best of my knowledge, my children are in good health, and I assume all responsibility for the health of my children. In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold the Church of the Incarnation responsible for authorizing any medical treatment beyond necessary transportation to the hospital.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_