



# Metanoia

**A transformational weekend retreat.**

**About this retreat: the word *Metanoia* means conversion, a change of heart, transformation. Young people will experience an unforgettable weekend with their peers and other adult leaders.**

## Registration Form



**Trinita Retreat Center  
New Hartford, CT**

**Cost pp: \$125.00  
(includes lodging, meals, & snacks)**

**Begins 7:00 pm Friday — Ends 12:00 pm Sunday**

**Check off which weekend you wish to attend:  
High School Student Retreat:**

**Oct. 20-22, 2017**

**February 16-18, 2018**

Participant's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: F \_\_\_ M \_\_\_

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

E-Mail: \_\_\_\_\_ Mobile: \_\_\_\_\_

Parish: \_\_\_\_\_ Town: \_\_\_\_\_

### EMERGENCY CONTACT INFO (during retreat):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

*(Parental Permission Form on back)*

FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_ Payment: Cash \_\_\_\_\_ Check #: \_\_\_\_\_

# PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

I ask for and grant permission for my son/daughter \_\_\_\_\_ to participate in an event that requires transportation to a location away from the parish. This activity will take place under the guidance and direction of employees and volunteers from the **ARCHDIOCESE OF HARTFORD**.

**What:** Metanoia Weekend Retreat

**Where:** Trinita Retreat Center

595 Town Hill Rd

New Hartford, CT 06057

**Mode of Transportation:** on your own

**Important:**

*\*Please arrive **before** 7:00 p.m. to get settled in.*

*\*Dinner will not be provided on Friday evening.*

*\*Please bring all personal care items, bed sheets or a sleeping bag, towel, and comfortable clothing including sweaters and sneakers/outdoor boots.*

*\*Snacks will be provided throughout the weekend (you will never be hungry!)*

While youth are responsible for his/her own behavior, as parent and/or legal guardian, I remain legally liable for any actions or damages made by the above named minor. I am aware that I will be called if my teen breaks any of the rules and has to be sent home. I agree on behalf of myself, my teen named herein, our heirs, successors, and assigns to hold harmless and defend the **ARCHDIOCESE OF HARTFORD**, my parish, its officers, directors, agents, employees, representatives associated with this event from any and all liability claims, loss or damage arising from or in connection with my teen attending this event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate my parish, and the **ARCHDIOCESE OF HARTFORD**, its officers, directors, agents, employees, or representatives associated with the event for reasonable attorney fees and expenses arising in connection therewith.

I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for his/her health. In the event of an emergency and I can not be reached, I hereby give permission to transport my teen to a hospital or medical facility and to seek medical attention. I give permission for the administration of non-prescription medication – e.g., throat lozenges or cough syrup - if deemed appropriate and if the situation is not life-threatening. Finally, I permit photos and/or videos of my child to be taken during the retreat, for promotional purposes.

***This portion is required for youth and young adult participants, including a signature at the bottom. Thank you!***

Hospital Preference: Name \_\_\_\_\_ (town) \_\_\_\_\_

Doctor: Name \_\_\_\_\_ (phone) \_\_\_\_\_

Insurance: Company \_\_\_\_\_ Employer \_\_\_\_\_ Group # \_\_\_\_\_

Subscriber name \_\_\_\_\_ Subscriber # \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Medications currently taking: (name and dosage) \_\_\_\_\_

**Allergies:** (medication, foods, plants, insects) \_\_\_\_\_

You should also be aware of these special medical /physical/ mental conditions of my child (special diet, sleepwalking, fainting, nose bleeds, recent injuries, exposure to contagious diseases, etc.): \_\_\_\_\_

Parent/Guardian Name (if under 18 yrs.): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For any questions please contact: Miriam Hidalgo (860) 242-5573 ext. 2678*