

YOUNG CATHOLIC LEADERSHIP CAMP

A 5-day summer leadership-building experience for High Schoolers.



REGISTRATION FORM

Trinita Retreat Center
New Hartford, CT

August 14-18, 2017
Begins: Monday 10 a.m.
Ends: Friday 3 p.m.

Cost: \$375pp
Includes lodging, meals,
& materials

Campgrounds include a
swimming pool, fire pit,
chapel, volleyball net,
basketball court, & more!

*Note: upon receipt of
these forms, participants
and parents will be sent
directions and more
detailed information.*

Participant's Name: _____

Age: _____ Birthdate: ____/____/____ Sex: F__ M__

Address: _____

E-Mail: _____

Cell Phone: _____

Parish: _____

Town: _____

EMERGENCY CONTACT INFO (during the week):

Name & Relationship: _____

Phone Numbers: _____

Participants must meet the following requirements:

- ✓ Have received the Sacrament of Confirmation
Date: _____ Location: _____
- ✓ Have attended Metanoia Retreat (or another weekend retreat)
Date: _____ Retreat & Location: _____
- ✓ Current High School Student (graduates are welcome)
Grade in the Fall: _____ School Name: _____

(Full Parental Permission Form on back)



Please return both sides of this form via Email, Fax, or Mail **before August 1st**

Attn: Miriam G. Hidalgo

467 Bloomfield Ave., Bloomfield, CT 06002

Email: Miriam.Hidalgo@AOHCT.ORG

Fax: (860) 243-9465

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER



Hospital Preference: Name _____ (town) _____

Doctor: Name _____ (phone) _____

Insurance: Company _____ Employer _____ Group # _____

Subscriber name _____ Subscriber # _____

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.): _____

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**. 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 cannot 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.

Participants Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



FOR OEEC OFFICE USE ONLY:

Date Received: _____ **Payment: Cash** _____ **Check #:** _____