

REGISTRATION & MEDICAL RELEASE FORM

Participant's Name

Parish

Oct 12-14 Nov 14-18 Nov 30 - Dec 2

Location of Event: Triple-R Ranch, Chesapeake, VA

Cost: \$140 covers the weekend!

To be completed by youth/student

Gender: M F Date of Birth: _____ Grade: _____

Home Address:

City/State/Zip:

Home Phone: _____ Cell Phone: _____

Participant Email: _____

Have you attended "The Rez" retreat or participated on a mission before? Yes No	Event	# of times
	Rez Retreat <i>(Missioners of Christ)</i>	
	Eastern Shore Mission <i>(Missioners of Christ)</i>	
	Honduras Mission <i>(Missioners of Christ)</i>	
	Other mission <i>(i.e. 'Catholic Heart Workcamp)</i>	

Have you attended other retreats or conferences such as Steubenville, Running with Jesus, DYC, etc? Yes No	Event	# of times
	Steubenville Youth Conference	
	Diocesan Youth Convention (DYC)	
	Running with Jesus Retreat	
	Other retreats/conferences	

I am applying to participate on 'The Rez' youth retreat, sponsored by the Missioners of Christ. I understand that I am expected to abide by all rules and guidelines of the retreat, as well as those of my youth ministry and Triple-R Ranch. I understand that a major part of a retreat is "fasting" from some conveniences in my daily life, and as such, I will not bring a cellphone or other web/data-enabled device (you will not miss it! Digital cameras are okay). Also, as the retreat builds on itself throughout the weekend, I understand that, except for an emergency, I cannot leave the retreat for another activity (e.g. sports game), as it will both take away from the retreat's impact for me, as well as disrupt the flow for others.

Youth Signature

____/____/____
Date

To be completed by parent/guardian

NAME OF PARENT(s) / GUARDIAN(s): _____

Parent phone(s) if you need to be contacted: (____)____ - ____ [____]

(____)____ - ____ [____]

Parents, please note that we try to "preserve" this time for your child, by doing our best to dramatically reduce outside distractions. As such, we request that your child not bring a cell-phone or other web/data-enabled device (digital cameras are permitted). You will be given multiple means of contacting us in a future notice before the retreat. Also, we ask that you keep your child at the retreat for its duration. While a 2-hour trip to an activity/game/practice may seem minimal, it disrupts the flow of the retreat for both your child as well as the other youth, especially those in his/her small group. Thank you for helping us keep this retreat a positively impacting experience for all!

Parent Email: _____

My child is covered by a health/medical insurance policy YES NO

In case of an emergency notify: _____

Home (____)____ - ____ Work (____)____ - ____ Cell (____)____ - ____

Medical Information

1) Does your child have any allergies? YES NO

If YES", please list

2) Does your child have medication of any type, with them? YES NO

If YES", please list

3) Is there any other physical or emotional condition of which we need to be aware? Please explain.

In the event of any emergency, I give authority to the accompanying adults to authorize treatment. I understand that an attempt to notify me will be made before any treatment is authorized.

PARENT /GUARDIAN SIGNATURE: _____ Date: _____

In most parishes, registration form and payment will go through your youth minister. Please confirm this with him/her. If this is not the case, please mail to: Missioners of Christ, ATTN: REZ RETREAT, 5880 Oak Terrace Dr, VA Beach, VA 23464. Must be received no later than 2 weeks prior to retreat!

PARENT/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Participant's Name

Parish

Parent(s)/Guardian(s)

I/We, [Parent/Guardian named above] grant permission for my child [Participant named above] to participate in this event. I understand that this event will take place under the guidance and direction of the Missioners of Christ, a Catholic Non-profit organization. My understanding of the event is:

Event: The Resurrection Retreat "The Rez!"

Place/Destination: Triple-R Ranch, Chesapeake, VA

Dates: October 12 – 14, 2018 November 30 – December 2, 2018 (select one)

Individual(s) in Charge: Clarissa Prisinzano (facilitator) and your youth minister

Date(s) and Time(s): _____

Mode of Transportation: _____

Please describe below any special instructions, arrangements, directives or precautions that need to be followed with your child:

As parent/legal guardian, I remain legally responsible for any personal action taken by my child. I agree to hold harmless this parish/school [named above], Missioners of Christ, Triple-R Ranch, and the Diocese of Richmond as well as its officers, directors, agents, chaperons, or representatives associated with this event, arising from or in connection with my child attending this event, or including but not limited to accidents, emergencies, exposure to reckless conduct of persons.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____