



Fall Retreat 2010

At Centerville Mills

BEGINS: Saturday, September 18 at 5:00 PM Mass
CONTINUES: After Mass at Centerville Mills (RT. 306 and Crackle Rd. In Bainbridge)
 Transportation will be provided from St. Rita to Centerville Mills.
ENDS: 3:00 PM Sunday, September 19. Pick up at Piotrowski Lodge at Centerville Mills.

WHAT TO BRING:
 Sleeping bag and Pillow
 Extra pair of old shoes
 Warm clothing (layers are always good)
 Flashlight
 Refreshments to share (last name A-H: Drinks I-O:
 Desserts P-Z: Snacks)

Space is limited, so please hand in the following to Joanie Bova at the Resource Center as soon as you can:

- ✓ \$20 or (1) Entertainment Book order
- ✓ This Permission Slip (front and back)

High School Fall Retreat

Consent Form

PLEASE DELIVER THIS FORM AND FEE TO JOANIE BOVA
AT THE RESOURCE CENTER BY MONDAY SEPTEMBER 13

Name: _____ Birth Date: _____
 School: _____ Grade: ____ Student's Phone: _____
 Address: _____ Phone: _____
 Parents' Names: _____ E-mail: _____
 Parent's Cell Phone: _____

- I can help with transportation from St. Rita to Centerville Mills
- I can be a chaperone

Emergency Name and Phone: _____

Doctor's Name and Phone: _____

Please list any medical conditions, medications or allergies

I hereby grant permission to my above names son/daughter to attend and participate in **The Fall Retreat Saturday September 18-19. I understand that my child will be transported from The Church of St. Rita to Centerville Mills by an adult volunteer.** I understand that adult advisors will be present and that my child agrees to abide by the rules and regulations of this event and the direction of those adults responsible. In consideration of my child's participation in this activity, I recognize that such an activity may expose my child to risks and hazards. Therefore by my signature I agree to release, absolve, and hold harmless Centerville Mills, the Bishop of Cleveland, the Roman Catholic Dioceses of Cleveland, St. Rita Church and Pastoral Staff, employees and volunteers, from any and all injury, medical fees, hospital bills, or doctor bills of my child, and I waive all claims of any kind against any and all of the organizations or persons mentioned above.

In the event reasonable attempts to contact me at the phone numbers given on this registration are unsuccessful, I hereby give my consent for administration of any medical treatment deemed necessary on my child by the doctors I have listed on this registration or medical personnel of their choosing.

Furthermore, I hereby consent and authorize the release, publication, distribution, and/or reproduction of all photographs taken of my daughter/son during this event.

Parent/Guardian Signature

Date

As a participant in the above-mentioned activity, I agree to abide by all the rules and regulations governing this activity and subject myself to the disciplinary control of those adults in charge of this activity. I understand if I violate the rules and guidelines of the leaders my parents will be contacted and I will return home.

Youth Participant Signature

Date