

Attention **ALL** HIGH SCHOOL STUDENTS!!

HIGH SCHOOL RETREAT



Saturday April 27, 2019

Ahtanum Mission
17740 Ahtanum Rd



Join us for an **action packed,
Spirit-filled, life-changing day
long retreat.**

NOTE: This Retreat is required for all
Confirmation Students this year,
but is open to **ALL** High School
Students.

*We won't be offering another
retreat this year. So don't miss out!!*

**Questions? Contact Shawn at 575-3713 or by
e-mail stpaulifetime@hotmail.com**

Retreat Application

REQUIRED FOR CONFIRMATION STUDENTS

Saturday April 27, 2019

General Information:

Retreat Date: Saturday April 27, 2019

Location: Ahtanum Mission

Total Cost: \$10

Applicant Information:

Name: _____ Phone: _____

Address: _____ Grade: _____

Birth Date: _____ Religion: _____ Mother's Name: _____

Work # _____ Father's Name: _____ Work # _____

Have you attended previous LIFETEEN retreats or other youth retreats?

TO REGISTER: COMPLETE & RETURN:

1. RETREAT APPLICATION (This page)

2. PARENT CONSENT/MEDICAL RELEASE FORM (Back Side)

3. RETREAT FEE \$10 (INCLUDES lunch)

Checks Made payable to **ST PAUL CATHEDRAL**

REGISTRATION DEADLINE: April 24, 2019

Space is limited

Retreatant Contract

I, _____, (print name of retreatant), agree to participate in this Retreat at Ahtanum Mission and follow the rules and instructions that will be set forth by St. Paul Staff, other volunteers and the retreat leaders. I agree to participate in all scheduled activities and understand that failure to participate could result in dismissal. I understand that disobedience, misconduct and failure to comply with the rules could lead to dismissal from the retreat. I understand that bringing firearms, drugs, alcohol or other illegal substances are forbidden and will result in immediate removal.

(Retreatant's signature)

(Date)

Contact Person: Shawn Exner St Paul Cathedral LIFETEEN Coordinator
ph# 575-3713 e-mail: stpaullifeteen@hotmail.com

Youth Release and Authorization

I, the undersigned, parent or legal guardian, do hereby grant my permission for my son/daughter, a minor, to participate in all planned activities and programs offered by St Paul's LIFETEEN Program.

I, do hereby release St Paul Cathedral, Brooks Memorial State Park, the Diocese of Yakima, its employees and its representatives of all liability and claims of whatever kind and nature (including, but not limited to, injuries and death) arising out of or resulting from the participation of my son/daughter in activities during the Ahtanum Mission April 27, 2019. This release from liability does not extend to acts of negligence or willful disregard for safety or well-being on the part of St. Paul Cathedral, its employees or its representatives.

It is further understood that I hereby authorize St Paul Cathedral, the Diocese of Yakima, its employees, or its representatives to secure the necessary services for my son/daughter in the event of an accident or illness. If necessary, I give my permission for him/her to be evaluated, diagnosed, treated and medicated by licensed medical personal in accordance with standard medical practice. Further, I, the undersigned, will be solely responsible for the payment of those services.

Parent's or Guardian's Signature _____ Date _____

Parent's or Guardian's Printed Name _____

Youth's Printed Full Name _____

Address _____

City _____ State _____ Zip Code _____ Ph # _____

Insurance Company _____ Policy Number _____

Emergency Information

Allergies _____

Medications _____

Medical Conditions _____

Special Needs _____

If the family cannot be contacted in the event of an emergency, contact:

Name _____ Telephone _____

Address _____ Relationship _____

Please fill out and sign:

1. *Youth Release and Authorization*,
2. *Retreat Application and send to: St Paul Cathedral 15 S . 12th Ave, Yakima, WA 98902 along with \$10.*
Checks made payable to St Paul Cathedral