

**2019 EASTERN DIOCESE
YOUTH RETREAT
REGISTRATION FORM**

DISCIPLESHIP

2020

PNCC



Name _____ Age _____

Email address _____ *Additional Information will be sent via email*

Address _____ Gender _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Parish Church _____ in the city of _____

Counselor with your group _____

Travel Plans _____ Arrival time on Sunday _____

T-Shirt Size Youth Size M L XL or Adult Size S M L XL XXL XXXL

Parental Permission Section

This section must be signed by your parent or legal guardian.

I give my permission for my child _____, to attend Youth Retreat 2020 from August 16 to August 20, 2020, at Camp Howe in Goshen, Massachusetts. I will take full responsibility for my child and will hold harmless the Polish National Catholic Church, the Eastern Diocese, the Eastern Diocese Youth Commission and Camp Howe if my child does not abide by the rules and regulations set forth by the Eastern Diocese Youth Commission and Camp Howe. I understand that if my child does not abide by the Retreat rules and regulations, my child may be sent home at my own expense.

Signature: _____ Date: _____

Name: _____

Registration Fee - \$150.00

Make check or money order payable to:

Eastern Diocese Youth Retreat
c/o Blessed Trinity Parish
37 Winthrop Street
Fall River, MA 02721

Note: This registration and health form must be completed and returned with your full payment postmarked by July 1, 2020 or a \$50.00 late fee will be added. Participants registering after July 15th may not receive a retreat T-Shirt.

**HEALTH INFORMATION
AND
EMERGENCY PERMISSION**

This form is required on site for every person under 18 years of age, not accompanied by parent or guardian. It must be retained by one of the group leaders, and be available on a moment's notice for any emergency.

PLEASE PRINT ALL INFORMATION CLEARLY

Group Name: Eastern Diocese Youth Retreat.

Dates from: August 16, 2020 to August 20, 2020

_____ has my permission to participate in the Eastern Diocese Youth Retreat at Camp Howe, in Goshen, Massachusetts on the above dates.

Please list (with dates) any major illness or injury this child has had within the past month within the past year _____

Date of Tetanus Shot (should be within 5 years) _____

List any allergies (medication, inhalant, or food) _____

Can this child take part in strenuous physical activity? _____

The following medication will be needed by this child at camp. (All such medication should be given to the group leader before leaving – it may not be carried by the child).

Medication	Amount and time to be given
_____	_____
_____	_____
_____	_____

I hereby give permission to the Camp Director, Group Leader or their designate to administer the above medication in the absence of a nurse.

Additional Information and remarks: _____

I understand that every attempt will be made to contact me in the event of accident or injury but that it might be impossible in an emergency to contact me quickly enough to authorize proper treatment. Therefore, I authorize the officials of my child's group and the officials of the Camp staff to seek the proper treatment in the event of any accident or injury. I give my permission for the use of any form of medical treatment necessary; such as, injections, anesthesiology, medicines,

drugs, surgery, or any other treatment which is deemed necessary by attending nurses and physicians, and also authorize transportation of my child by either private vehicle or ambulance in order to facilitate any necessary treatment.

Date: _____

Signature of parent or guardian (circle one)

Address: _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____

Place of Work _____

Family Insurance Carrier _____

Who carries the medical insurance _____

Name of parent/guardian

Medical Insurance Policy Number _____

Other emergency phone numbers if parent cannot be reached

Name _____ Phone (____) _____

Relationship _____

Family Doctor's Name: _____

Doctor's Phone: (____) _____

IMPORTANT *Please include a copy of the front and back of your medical insurance card.*

Please Note:

Every parish will need ONE counselor for every EIGHT youth. All adults who attend will be expected to assist and participate in the Retreat program. Counselors and clergy are asked to please complete these forms and send them with their registration fees as well. Please make as many copies of this form as needed.