Shirt Size: S M L XL XXL *Attach recent student photo here ^*

SMCHS FRESHMAN RETREAT PERMISSION FORM

(Please circle one) – STUDENT PARTICIPANT or *STUDENT LEADER*

Event: Freshman Retreat **Department:** Campus Ministry
Faculty: Francis Cabildo

Destination: Lazy W Ranch, San Juan Capistrano, CA

Transportation: Bus **Departure Time:** 1:00PM

Return Time: 2:00PM

Retreat Dates: _____

(*Please write your grade and the desired retreat dates on the line above*)

Dress Attire: 2 days and 1 night of casual MODEST clothing

Participant Cost: *$185* **Leader Cost:** *$100* **Payable to:** ***SMCHS-Campus Ministry***

Forms & Payment Due: One month prior to retreat date *(retreats fill up fast so don't wait!!!)*

NO REFUNDS OR SWITCHING RETREATS AFTER THE DUE DATE

Student Medical Release Agreement:

I hereby request that _____ participate in the trip to Lazy W Ranch.
(Students Name)

I, the parent (guardian) of the above named student, hereby, give my permission for his/her participation in the activity named above. I agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of the activity. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

Should it be necessary for my child to have medical treatment (including dental or hospital treatment) on this trip, I hereby give the school personnel permission to use their best judgment in obtaining medical service for my child, and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician.
I agree that in the event my child is injured as a result of his/her participation in the above named activity, including transportation to and from such activity, whether or not caused by the negligence (active or passive) of the school or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine and/or of my spouse.
I give my consent and understand that supervision and/or transportation for this event may be provided by one adult if student participation is between two and nine students.

_____ _____

Parent/Guardian's Name {Print} ***Parent/Guardian's {Signature}***

8/2018

_____

Student's {Signature}

Emergency Contact Information:

(Please print legibly)

_____

(Home Address) *(City)* *(Zip Code)*

(___)_____ (___)_____ (___)_____

(Mom's Cell) *(Dad's Cell)* *(Work)*

_____

(*Parent's Email Address*)

If you cannot be reached contact: _____

(___)_____ _____

(*Phone Number*) (*Email Address*)

Emergency Medical Information:

(Please print legibly)

Medical Insurance Company: _____
Policy Number: _____
Doctor's Name: _____

(___)_____ _____

(*Phone Number*) (*Email Address*)

Allergies/Medical Problems/Disabilities:

_____
_____
_____
_____
_____

Student's Date of Birth: _____

Student's Gender: *(Please circle one*) *MALE* or *FEMALE*

Questions, Comments, or Concerns:

_____
_____
_____
_____
_____
_____
_____
_____

_____
_____
_____
_____

Behavioral Contract

(Please initial upon reading each item.)

____I agree to follow all rules and directions of the bus driver, student leaders, and chaperones.

____I agree not to bring drugs, alcohol, cigarettes, or chewing tobacco on retreat.

____I agree not to bring stink bombs, firecrackers, matches, lighters or any and all other type of explosive, flame producing object, or weapon on retreat. I also will not use anything as a weapon.

____I agree not to bring phones, iPods, Mp3 players, radios, Walkman's, CD players, video games, Newspaper, books, homework, magazines or anything else that would distract myself, fellow retreatants, or the retreat leadership.

____I agree to no romance of any form or sexual misconduct on this retreat.

____I agree to respect the separation and privacy of the dorms: **girls are only allowed in the girl's dorms and boys are only allowed in the boy's dorms.**

____I agree not to use profane language or inappropriate gestures while on retreat.

____I agree to be back to the designated meeting place on time from any free time and all breaks.

____At bedtime, I understand that I will have a limited amount of time to prepare for bed; then lights will be turned off and I will be expected to be silent and to go to sleep.

____I agree not to go outside the dorms at night after bedtime.

____I agree to stay in my dorm until breakfast or the wake up bell in the morning is rung.

____I agree to have a fun and respectful attitude and participate fully in all activities and events.

I understand and agree to these rules and guidelines. I also understand and acknowledge that if the retreat leadership believes my behavior warrants me being sent home, I will be sent home and my parents will be held financially responsible for my transportation and the cost of any damages caused by my inappropriate behavior.

_____	_____	_____
Student's {Signature}	***Student {Initials}***	***Date***
_____		_____
Parent/Guardian's Signature		***Date***

8/2018