

**SOPHOMORE RETREAT**

**STUDENT PERMISSION AND MEDICAL RELEASE FORM**

**PLEASE RETURN COMPLETED FORM WITH Cash or check made payable to CCHS the campus ministry/ Dr. Dugard's office (bottom of the "C" building by November 2<sup>nd</sup> 2009 or March 5, 2010**

**STUDENT PARTICIPANT INFORMATION**

*PLEASE PRINT*

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

EVENT Sophomore retreat

LOCATION CCHS

SUPERVISOR: Campus Ministry/ Dr. Dugard

**DATES: November 5-6, 2009; March 11-12, 2010 (please circle one)**

**TRANSPORTATION:**

**COST \$75.00 check made payable to CCHS**

Please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any actions taken by the named student.

I/We hereby consent to participation by my/our child in the RETREAT EXPERIENCE. I/We understand that this event will take place at School and that my/our child will be under the supervision of designated chaperones on the stated dates. I/We further consent to the transportation and cost conditions stated above and I endorse the Student Code of Conduct for Christopher Columbus . We have signed the Student Code of Conduct agreement on page 4 of this document.

I/We understand and agree that in the event that my child should suffer injury of any sort while participating in this event, that I will not seek to pursue any claims against the supervisor named above, Christopher Columbus High School, and/or any of its agents, servants, employees or volunteers, unless such injury is caused by intentional or grossly negligent conduct of the said supervisor.

\_\_\_\_\_ cell # \_\_\_\_\_

PRINT Parents'/Guardians' Names

\_\_\_\_\_ Date: \_\_\_\_\_

Parents'/Guardians' Signatures

**MEDICAL INFORMATION**

I hereby give permission for my child to be administered medical help by a licensed physician in case of emergency.

Person to contact in case of emergency: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Alternate person to contact: \_\_\_\_\_  
*(in the event the person named above is not available)*

Relationship to student: \_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Medical Policy Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Doctor's Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Please list any medical condition(s), medication(s), or physical restrictions of which we should be aware:

\_\_\_\_\_  
\_\_\_\_\_

Is your child taking medication that needs to be administered or supervised by medical staff?

\_\_\_\_ YES. Explain: \_\_\_\_\_

\_\_\_\_ NO

Does your child suffer from any allergies that we should be aware of?

\_\_\_\_ YES. Explain: \_\_\_\_\_

\_\_\_\_ NO

Signature of Parent(s) or Guardian(s)

\_\_\_\_\_

Date: \_\_\_\_\_

**CAMPUS MINISTRY RETREAT**  
**Student Code of Conduct**

We presume that you have chosen to participate in this event because you display the mature and responsible leadership which is characteristic of students in Marist schools.

At such an event as this one, it is important that you know the expectations of student conduct. In addition to adhering to the rules and regulations of Christopher Columbus, all students participating in the RETREAT will be expected to adhere to these rules and regulations.

1. Students will attend all activities and be on time for all group gatherings.
2. Students will wear name tags at all times.
3. Students will remain with the large or the small group at all times.
4. Students will observe room assignments and established quiet times and "lights out" times.
5. Students will treat all property at the school with respect and will observe all Retreat regulations and procedures.
6. Students will ensure that their conduct, dress, and appearance reflect respect for themselves and for other. This includes, but may not be limited to, dressing in a clean, neat, and modest manner; refraining from profane, vulgar and harassing language, including sexual and racial harassment; abstaining from lying stealing, fighting, and vandalizing. Clothing may not contain any images, mottoes, or logos that could be considered inappropriate for a retreat.
7. Students must understand that the purchase, possession, consumption, or distribution of alcohol, tobacco, or drugs will not be tolerated. Infraction of these rules will result in dismissal from the retreat and disciplinary action in accordance with Christopher Columbus' policies.
8. Students must understand that socializing prior to curfew should be done in designated public areas (under the direction of faculty chaperones) since noise levels must be kept to a minimum in the sleeping areas. This guarantees the right to privacy and to peace and quiet not only for fellow retreatants, but also for the Retreat Team.

As a participant in the RETREAT, I will follow the rules and regulations of my school and the rules and regulations in the Campus Ministry Student Code of Conduct.

Student Participant: \_\_\_\_\_  
PRINT NAME

Student Participant: \_\_\_\_\_  
SIGNATURE

We agree that our son will follow the rules and regulations of Christopher Columbus as well as the rules and regulations in the Campus ministry Student Code of Conduct.

Parents' / Guardians' Signatures: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_