

CAMPUS MINISTRY

Junior-Senior Encounter

STUDENT PERMISSION AND MEDICAL RELEASE FORM

PLEASE RETURN COMPLETED FORM WITH CHECK TO DR. DUGARD IN the campus ministry office by October 26, 2009 or Feb 19, 2010; or March 19, 2010

STUDENT PARTICIPANT INFORMATION

PLEASE PRINT

Name: _____ ID #: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Email: _____

SHIRT SIZE : _____

EVENT Senior encounter

LOCATION Morning Star Retreat center, 7275 SW 124th Street, Pinecrest

SUPERVISOR: Campus Ministry/ Dr. Dugard, Mr. Lynskey, Mr. O'Brien

DATES Circle One: October 28-30, 2009; Feb 24-26, 2010; March 24-26, 2010

TRANSPORTATION: Students are to arrive at retreat house by 9:00 a.m. October 28

COST \$110.00

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.

PRINT Parents'/Guardians' Names

Parents'/Guardians' Signatures

Date: _____

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: _____

Phone Number: (_____) _____ Cell#: _____

Alternate person to contact: _____
(in the event the person named above is not available)

Relationship to student: _____

Phone Number: (_____) _____ Cell#: _____

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: _____