

# **ALTHOFF CATHOLIC HIGH SCHOOL + JUNIOR RETREAT**

Dear Parent or Legal Guardian:

Your son/daughter/guardianship is eligible to participate in a school-sponsored activity that requires transportation to a location away from the school site. This activity will take place under the guidance and supervision of employees from Althoff Catholic High School. A brief description of the activity follows:

**THE ACTIVITY: ACHS Junior Retreat**

**LOCATION: Camp Ondessonk, Ozark, IL**

**DESIGNATED SUPERVISOR: John M. Bouc, Director of Campus Ministry**

**DATE & TIME OF DEPARTURE:** , 2009 at 6:45AM

**DATE & TIME OF RETURN:** , 2009 around 5:30PM

**METHOD OF TRANSPORTATION: Charter Bus**

**APPROPRIATE ATTIRE: non-offensive, casual (see the "Retreat Info" form)**

If you will permit your child to participate in this activity, please sign and return the following statement of consent and release of liability. As a parent or guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named student. No student may participate without a signed permission form. A telephone call may not substitute for a signed permission form.

*(You may save this part for your records)*

## **ACHS JUNIOR RETREAT PARTICIPATION FORM**

**LOCATION: Camp Ondessonk, Ozark, IL**

**DATE OF ACTIVITY:** , 2009

I hereby request participation by my student, **(Print Name)** \_\_\_\_\_, in the event described above. I understand that this event will take place away from the school grounds and that my student will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

I further understand and agree that I assume full responsibility for any loss or damage to property, or for bodily injury to others, caused by the above named student, whether by accident or intent.

I understand that if my child breaks a retreat rule or otherwise disrupts the retreat which includes but is not limited to: tobacco/drug/alcohol use or possession, breaking curfew, or entering restricted dorm areas, **I will be contacted to retrieve my child immediately from the retreat, day or night.**

In the event that my student requires medical care while participating in the activity, I assume responsibility for payment of all expenses associated with such care.

In the event my student requires emergency medical care and I cannot be reached, I hereby consent to: 1) personnel supervising my student to arrange for emergency medical care at an appropriate medical facility and 2) medical personnel at the medical facility to render necessary treatment to my student.

I have read the above form. I indicate by my signature that I fully understand and consent to these terms.

*(Please PRINT, fill in dates, and return to Campus Ministry! More information on "JR Retreat Info." form)*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Names

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Alternate phone