

DAYLIGHT XIX REGISTRATION FORM (FRESHMEN/SOPHOMORE)

Student Name \_\_\_\_\_ Address \_\_\_\_\_

Cell Phone # \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Please list any medical conditions/medications/allergies that we should be aware of. This will be kept confidential.

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

I give permission for my child to attend the St. Catharine’s Daylight retreat on January 12 - 14, 2018 to be held at the Warwick Center in Warwick, New York. I hereby waive and release all rights and claims for damages which I have against St. Catharine’s Youth Ministry Program and all its agents, servants, employees for any and all injuries which my child may incur while taking part in this event. This release includes any injuries incurred traveling to and from this event. I understand that this is a drug/alcohol/tobacco free event and that my child will not bring, possess, or consume these items while on the retreat. Further, I understand that if my child becomes ill or destructive or violates the drug/alcohol policy, I will be called immediately and will need to take them home. In the event that I cannot be reached my emergency contact person will be called.

Printed Name of Parent/Guardian \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone # \_\_\_\_\_

**Medical Release:** In the event of an emergency where medical treatment is necessary, I give permission for the St. Catharine’s CYO Staff to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

Printed Name of Parent/Guardian \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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**WHEN**

Friday-Sunday  
Jan. 12 - 14, 2018

**WHERE**

The Warwick Center  
62 Warwick Center Rd  
Warwick, New York

Depart: St. Catharine’s parking lot at 7:00 p.m. on Friday, Jan 12th.

Return: Sunday Jan 14th at 3:30 for a Homecoming celebration for the candidates and their families in St. Catharine’s parish hall.

Cost: \$150 per person, includes room, transportation and five meals!  
(finances should never be a reason to miss a retreat; please call me)

Please make checks payable to St. Catharine’s Youth Ministry and return this form with the check to the rectory **NO LATER THAN January 2nd, 2018.**

Please call me with any questions! - Megan Breitenbach (551)- 579-0173