

Saint Anne Catholic Community
Parent/Guardian Permission Form for High School Retreats
THIS FORM MUST BE COMPLETED FOR EVERY YOUTH PLANNING TO ATTEND

I hereby give permission for my son/daughter _____ (child's full name) to participate with the Kairos Retreat July 13-16, 2021 to be held at Redemptorist Retreat Center 1800 N Timber Trail Ln, Oconomowoc, WI, and sponsored by Saint Anne. I understand that my child will be transported to the retreat center by Barrington Transportation bus. Bus departs Saint Anne at 3:15p.m. on July 13, 2021 (arrive at Saint Anne Parish Center by 3:00p.m.) and returning to Saint Anne at about 5:00 p.m. on July 16, 2021. **The Archdiocese of Chicago requires that all participants and leaders of all overnight retreats be 16 years old or older, and must have received the final dose of the COVID-19 vaccine at least 14-days prior to the start of the retreat. Please note, Kairos is an OPTIONAL retreat, no one is required to participate. Participants must provide a written record in the form of a CDC COVID vaccination card or other similar evidence that he/she obtained the final dose of the COVID19 vaccine at least 14-days prior to the commencement of the retreat.**

I hereby release and indemnify Saint Anne Catholic Community, The Archdiocese of Chicago, and The Office for Catechesis and Youth Ministry of the Archdiocese of Chicago, its staff and volunteers and the Catholic Bishop of Chicago, a corporate sole, from any and all liability arising from claims of any kind or nature whatsoever relating to my child's participation in this event.

I understand that if my child violates any laws regarding possession of alcohol or drugs, or violates any rules governing the event, I will be called and notified of the situation and will be asked to arrange to have my child sent home immediately at my expense.

RULES OF BEHAVIOR FOR STUDENTS

- Attend all scheduled activities
- Will not smoke
- Will not engage in the use of alcohol or drugs or have them in my possession
- Will treat all staff, chaperones and fellow participants with respect at all times
- Will treat the facilities and grounds with respect at all times
- Will abide by any and all additional rules expressed by the chaperones or facility staff

CONSEQUENCES OF NOT ABIDING BY THE RULES

- For behavioral infractions or breaking of rules, warning will be given and participant will have opportunity to change problematic behavior. If the **problematic behavior** continues, the participant will be asked to contact his/her parents to arrange to return home immediately.
- If the participant **brings alcohol or drugs**, the participant will be asked to contact his/her parents to arrange to return home immediately.
- If the participant **uses alcohol or drugs** during the event, even if they are not the one to bring them, they will be asked to contact his/her parents to arrange to return home immediately.

I have read the above Rules of Behavior and Consequences of Not Abiding by the Rules governing this event. I understand that if my child violates any rules governing the event, I will be called and notified of the situation and will be asked to arrange to have my child sent home immediately at my expense. I understand that I am fully responsible for any damages that may occur as a result of the actions of the subject of this agreement and that neither Saint Anne nor any of its agents will be held liable.

I give my permission for my son/ daughter to receive email and text communication from Saint Anne Youth Ministry.
_____Yes _____No

Continue on next page.....

I _____ (participants full name) agree to abide by the Rules of Behavior as stated above. I understand that if I choose to break any of these rules or engage in behavior that is detrimental to the even or any of the participants, I will bear full responsibility for the consequences of my actions.

Participants Printed Name _____

Participant Signature _____ Date: _____

Address _____ Home Phone _____

Teen Email _____ Teen Cell Number _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

Address _____ (Best cell to call) _____

Parent Email _____