



# S.C.A.R.E.D. Fall Retreat Parent Permission Form



Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a parish sponsored activity requiring transportation to a location away from the parish grounds. The event described will take place under the guidance of your child's Youth Minister. A brief description of the activity follows:

Name of the Event: **S.C.A.R.E.D**  
Destination/Location: **Howell Retreat Center**  
Designated Supervisor(s): **Ginny White 517-862-3913**  
Start Date/Arrival Time: **Friday October 27<sup>th</sup> @ 6:30pm**  
End Date/ Pickup Time: **Sunday October 29<sup>th</sup> @ 11 am**  
Method of Transportation: **Parent drop off/ Carpooling**  
Cost per Student: **\$70.00 per teen \$20 discount for any teen on donut crew**

**PLEASE RETURN PERMISSION  
SLIP, HEALTH FORM, AND FEE  
TO GINNY OR THE PARISH  
OFFICE BY OCTOBER 18<sup>TH</sup>!**

If you would like your teen to participate in this event, please complete, sign and return the following statements of consent and release of liability by the specified date along with a filled out health form and payment for the event. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from actions taken by the named student.

*(Keep upper portion for your information)*

## Permission Form for High School Fall Retreat

I hereby consent to have \_\_\_\_\_ participate in the event described above. I understand that this event will not take place on Parish grounds and that my son/daughter will be under the supervision of the designated parish employee/volunteer on the stated date. Further, I hereby release and discharge the Lansing Region Parishes, staff and volunteers from any liability in the event of injury, casualty, theft or property damage as a result of attending this event.

My teen agrees to abide by all rules as outlined by the designated supervisors and I will not hold the Lansing Region Parishes, staff or volunteers liable if my child fails to cooperate with these rules. I understand that any infractions of those rules may result in immediate dismissal from the event and I will be responsible for any costs or other requirements for my child's immediate transportation home.

Having read this entire form, understanding its contents and implications, I hereby consent to the conditions stated above regarding expectations, participation and method of transportation.

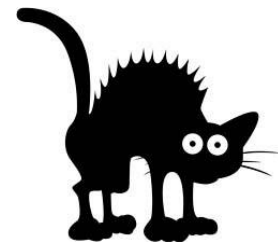
Printed name of parent/guardian \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_  
Date \_\_\_\_\_

Relationship to the child \_\_\_\_\_

### Contact Information:

Cell \_\_\_\_\_ Home \_\_\_\_\_

Email \_\_\_\_\_



T-shirt Size: S M L XL

# High School Fall

# Retreat

October 27-29<sup>th</sup>

Drop off Friday 630pm at  
Howell Nature Center

Pick up Sunday 11 am

Cost: \$70 (& \$20 discount for  
donut workers)

Health forms, permission slips, and  
fee are due October 18<sup>th</sup>

Participate in Catholic

**Fear factor**

Attend mass and reconciliation

Hang out with other teens

**CAUTION CAUTION**

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