

St. Bernard of Clairvaux Catholic Church
Diocesan Retreat at Lost Canyon Camp, Williams, Arizona
Friday, March 5 at 4 PM to Sunday, March 7 at 6 PM

Full Name:		
Home Phone:	Parent Cell:	
Birth Date:	Age:	Circle T-Shirt Size: AS AM AL AXL
Grade:	School:	
Address/City/Zip:		
Parent/Guardian Name:		

Space is Very Limited!! Please Register ASAP!
Deposit or Full Payment MUST Be Included with Registration

Cost: \$135.00 – **Includes bus, meals, dorm, activities and t-shirt**

- **Deposit of \$50.00 to hold spot.**
- **The remainder is due by February 23 or spot will be given away.**
- NO REFUNDS

Guardian Agreement and Permission:

In the event of any sickness or accident, I will not hold St. Bernard's or the Catholic Diocese of Phoenix responsible. In case of sickness or accident, I authorize and consent to any X-ray examination, anesthetic and/or medical, dental or surgical diagnosis or treatment and hospital care to be rendered to my son/daughter under the general or specific supervision and on the advice of any physician, dentist, or surgeon licensed to practice in the state of Arizona or any other state. I further understand and agree that any such medical, dental, or hospital expense incurred shall be at my own expense.

Please list any health concerns or medication needed:

Insurance Company _____

ID # _____ Group # _____

Address of Insurance Co. _____

Physician Name: _____ Phone: _____

My son/daughter/self has my permission to attend a St. Bernard of Clairvaux sponsored retreat. I understand that reasonable precautions will be taken to safeguard the health and safety of the members and that I will be notified as soon as possible in case of an emergency. In the event that my child is involved in any illegal activity or serious destructive behavior I will be contacted immediately and am responsible for their immediate transportation home.

Signed by Parent/Guardian _____ **Date** _____

Retreat (TEEN) Agreement:

I agree to listen to the rules given by St. Bernard of Clairvaux Core, and the other staff and leaders present on this trip. I agree not to bring any alcohol, drugs, or weapons, or participate in any fighting. If I break this agreement I acknowledge that I will be sent home immediately and my parents will be responsible for transporting me home.

Signed by retreat participant _____ **Date** _____