



**Fall Retreat November 4-6, 2016**

**Jesus Christ wants to be a part of your future, will you let him? #GodIsTimeless**

**\$150 TOTAL COST PER PERSON**

Alliance Redwoods  
6250 Bohemian Hwy, Occidental, CA. 95465

**NAME** \_\_\_\_\_ **SHIRT ADULT SIZE** \_\_\_\_\_

**DOB** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMERGENCY PHONE:** \_\_\_\_\_

**TEENS EMAIL:** \_\_\_\_\_

**TEENS CELL PHONE:** \_\_\_\_\_

**FOOD ALLERGIES:** \_\_\_\_\_

This total cost of transportation, housing, food and retreat resources is \$150pp. You will receive more information via email upon receipt of this registration form.

I request that Holy Rosary Youth and Young Adult Ministry to allow \_\_\_\_\_, to participate in the Spring Retreat on Nov 4-6, 2016. By requesting, I release Holy Rosary and the Diocese of Oakland in case of injury. I also request that Lizette Suarez or her designee, issue emergency medical assistance if that should be required.

I am aware of Holy Rosary Youth and Young Adult Ministry's 3 Strike Policy. Disruptive behavior will not be tolerated. If my teens is disruptive, he/she will be given a maximum of two warnings. If behavior does not improve after two warnings, I agree to pick up my teen at any time during this retreat if I am required to do so. Incidents regarding drugs and/or alcohol will result in an immediate dismissal from retreat.

I am aware that the retreat does not end until the group returns from Alliance Redwoods and attends welcoming service. I am also required to meet my teen at welcoming service with other family members to support the goal of deepening my child's relationship with God.

**PARENT/GUARDIAN NAME:** \_\_\_\_\_ **PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_  
(PLEASE PRINT)

**Please Note Mandatory Parent Retreat Info**  
**Night: Sunday Oct 23<sup>rd</sup>**

**Diocese of Oakland**

**Office of Youth and Young Adult Ministry**

**PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM**

THERE MUST BE A COPY OF THIS FORM AT ALL YOUTH MINISTRY ACTIVITIES

Child's Name \_\_\_\_\_ Parish \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardians Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent E-mail \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN:

Name \_\_\_\_\_ Phone \_\_\_\_\_

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**HEALTH AND MEDICAL INFORMATION**

Family Physician \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Medical Plan \_\_\_\_\_ Plan Number \_\_\_\_\_

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending phsycian? Yes No

State any reasons why you do not want medical care given to your child in an emergency: \_\_\_\_\_

Has your child had difficulty with the following (circle all that apply):

Asthma Fainting Spells Convulsions Diabetes Heart

Eyes Ears Nose Throat Lungs Digestion

Menstrual Problems

Other \_\_\_\_\_

List any physical restriction or restrictions for any activity on the basis of medical condition: \_\_\_\_\_

State the date of your child's last physical examination: \_\_\_\_\_

**Parental Permission and Acknowledgment of  
Conditions for Participating in Program**

1. I/we, parent or authorized guardian of the child named above given permission for his/her participation in     **Holy Rosary LifeTeen Fall Retreat**    , and all related activities, including but not limited to transportation to and from this youth ministry event.
  
1. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Youth Ministry staff or adult volunteer leaders.
  
1. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in this event, whether or not caused by the negligence of parish, youth ministry program employees, agents or volunteers or other participants.
  
1. I/we understand that youth participating in youth ministry events risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or facilities, vehicle accidents while in transport or through the activity itself.

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration for being permitted to participate in     **Holy Rosary Edge Winter Retreat**    , use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest an on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releases") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the participant, whether caused by negligence or other conduct by the Releases while the participant is participating in this event or in, upon or about the premises of the Diocese or any of its facilities or equipment.
  
1. To indemnify and hold harmless the Releases from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by the negligence of Releasees or otherwise.
  
1. That the participant has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart form the contents of this written Agreement have been made.

I have read this Agreement and understand everything written above.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent or Guardian

# *Alliance Redwoods Conference Grounds*

## Medical and Liability Release

**Please be sure to read and understand this document and then sign and date both shaded areas at the end of this page**

I agree to allow the ALLIANCE REDWOODS CONFERENCE GROUNDS Health Care Staff to render care to, arrange transportation for and administer over-the-counter medications to, the named minor, within the Staff scope of practice, and as deemed beneficial to the health and well-being of the named minor. I further agree that the over-the-counter and prescription medications, brought to camp will be collected by and then only administered by, the ALLIANCE REDWOODS CONFERENCE GROUNDS Health Care Staff, in accordance with all applicable prescriptive direction and/or on an as needed basis. No medications having reached an expiration date will be accepted or administered.

In the event I cannot be reached by phone at the time of an injury or illness to the named minor, I hereby give, as parent/legal guardian, my permission to the doctor selected by the ALLIANCE REDWOODS CONFERENCE GROUNDS to hospitalize, access and procure necessary medical records, and secure appropriate treatment, including but not limited to, injections, anesthesia, testing, radiology, or surgery for the named minor as deemed necessary. Medical insurance coverage by the ALLIANCE REDWOODS CONFERENCE GROUNDS' insurer is secondary to your medical insurance policy, and available only following the usage of your policy to the limit of your policy coverage or if you have no medical insurance of your own.

I understand that in signing this form that I am providing both a Medical and Liability Release to the ALLIANCE REDWOODS CONFERENCE GROUNDS for the minor named on the front page. I hereby acknowledge that during his/her attendance at a camp session certain risks exist, which may be known or unknown at this time, and may result in physical injury or illness. In signing this Liability Release, I assume full responsibility for mitigation of such an incident, and I am granting permission for the participation of the named minor in all session related activities, unless specifically noted on this form. This release is intended to stand on the behalf of the named minor, and in place of all claims by any family member or agent. These releases of ALLIANCE REDWOODS CONFERENCE GROUNDS shall be in effect only for the duration of the camp session as indicated, and only while the named minor is on the grounds of ALLIANCE REDWOODS CONFERENCE GROUNDS, and/or under the direct supervision of ALLIANCE REDWOODS CONFERENCE GROUNDS employees.

I agree that, in the event of dispute between myself as guest or parent/legal guardian of, or on behalf of, the named minor, I will submit to arbitration by an organization sanctioned for this purpose, in lieu of pursuing litigation in a court of law. I further agree as parent/legal guardian, to absolve and hold harmless the ALLIANCE REDWOODS CONFERENCE GROUNDS a Non-profit Corporation, its Board of Directors and Trustees, agents and employees against liability for; damages, losses, or injuries or illnesses to; myself, my property, or the named minor.

Non-compliance with disclosed behavioral standards and instructions, written or oral, may result in disciplinary actions, up to and including, being asked to remove the named minor from the grounds. Anyone asked to leave the grounds shall forfeit all camp fees previously paid, while remaining liable for any fees due.

I hereby give my permission to the ALLIANCE REDWOODS CONFERENCE GROUNDS to use photography of the named minor taken while on the grounds for promotional purposes.

**School/Church Name:** \_\_\_\_\_

**Student's Name, First and Last, Please Print:** \_\_\_\_\_

**Please sign here:**

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please check one of the following options and sign box below.**

I will be transporting the named minor to and from ALLIANCE REDWOODS CONFERENCE GROUNDS

The following person or organization has my permission to receive and transport the named minor from the care and facilities of the ALLIANCE REDWOODS CONFERENCE GROUNDS at the conclusion of the camp session as indicated.

**Please fill in name of approved person/organization:**

\_\_\_\_\_

**Please sign here:**

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## ARCG Medical Form

**Please complete both sides and sign the shaded areas on the back of this form in ink.**

SCHOOL \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Minor**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

**Primary Parent or Guardian**

Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Additional Emergency Contact Person in Case the Above Cannot Be Reached**

Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Health Care Provider**

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Physician or Clinic Name \_\_\_\_\_ Phone # \_\_\_\_\_

Dental Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Dentist or Orthodontist Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Health History**

Last Tetanus Shot \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please indicate any condition(s) which apply:** Headache \_\_\_\_\_ Heart Condition \_\_\_\_\_

Diabetes \_\_\_\_\_

Seizures \_\_\_\_\_ Nosebleed \_\_\_\_\_ Other \_\_\_\_\_

Asthma \_\_\_\_\_ Fainting \_\_\_\_\_

Other Medical Problems \_\_\_\_\_

Please indicate any allergies : Food \_\_\_\_\_ Insect \_\_\_\_\_ Drug \_\_\_\_\_

Name and dosage of any medication that must be taken: \_\_\_\_\_

Condition requiring medication \_\_\_\_\_

Over the counter and/or prescription medications to avoid \_\_\_\_\_

Physical disabilities \_\_\_\_\_

Restriction of activities \_\_\_\_\_

# *Alliance Redwoods Conference Grounds*

## WAIVER AND RELEASE OF LIABILITY

In consideration of The Alliance Redwoods Conference Grounds furnishing services and/or equipment and/or using my own equipment to enable me to participate in ropes course, biking, kayaking, canoeing, rock climbing, skateboarding, inline skating, scooters, paintball games or any other activities, I agree as follows:

I FULLY UNDERSTAND AND ACKNOWLEDGE THAT:

A) Risks and dangers exist in my use of the equipment and my participation in the activities stated above;

B) My participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability;

C) These risks and dangers may be caused by the negligence of the owners, employees, officers, or agents of The Alliance Redwoods Conference Grounds; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; but not limited to, guide decision making, including that a guide may misjudge terrain, weather, faulty equipment, trail or river route location, and water level, risks of falling out of or drowning while in a raft, canoe or kayak and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment;

D) And by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibilities for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of owners, agents, officers, or employees of The Alliance Redwoods Conference Grounds, or by any other person.

I, on behalf of myself, my personal representatives, and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify The Alliance Redwoods Conference Grounds and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in any of the activities stated above, or any other activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of The Alliance Redwoods Conference Grounds.

I have read this waiver and release of liability and by signing it agree, it is my intention to exempt and relieve The Alliance Redwoods Conference Grounds from liability for personal injury, property damage or wrongful death caused by negligence or any other cause. I also understand that in signing as a parent or guardian in the event of an emergency if I can not be reached, I hereby give permission to the physician selected by The Alliance Redwoods Conference Grounds staff to hospitalize or to secure proper treatment, order injections, anesthesia or surgery for my child.

*Please print*

NAME OF GROUP (e.g. school or church) \_\_\_\_\_

PARTICIPANT NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SIGNATURE \_\_\_\_\_ PHONE \_\_\_\_\_

**(Parent or guardian must sign for participant under age 18)**