

**NET RETREAT
REGISTRATION
PARENTAL/GUARDIAN CONSENT FORM
LIABILITY WAIVER**

*Submit **by January 30th** to your parish Director of Religious Education, the front office at Parkersburg Catholic High School, or mail to:*

*Catherine Wharton
St. Margaret Mary Parish
2500 Dudley Avenue
Parkersburg, WV 26101*

I'm registering for the following retreat:

- Grade 6-8 Retreat at St. Ambrose Catholic Church (**February 6th**, 9 – 4pm)
- Grade 9-12 Retreat at St. Margaret Mary PAC (**February 9th**, 8am – 5pm)
- Confirmation Retreat at St. Monica Catholic Church (**February 7th**, 10:30am – 5pm)
- Parkersburg Catholic High School Retreat at St. Francis Xavier Center (**February 8th**, 8 – 3pm)

Participant's Name: _____

Birth Date: _____ Gender: _____ Grade: _____

Parent/Guardian's Name _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

I, _____, grant permission for my child, _____
Parent or Guardian's Name *Child's Name*
to participate in this youth event.

Type of Event: N.E.T. Retreat

As parent/and or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (participant).

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the parish at which the event is held, its officers, directors and agents, the diocese to which that parish belongs, Parkersburg Catholic High School, and chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illnesses or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, the diocese, Parkersburg Catholic High School, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child _____ is in good health, and I assume all responsibility for the health of my child.

(Of the following statements pertaining to medical matters, sign only those that are applicable.)

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name and Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy# _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, the diocese, Parkersburg Catholic High School, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission to non-prescription medications such as (aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parishes will take reasonable care to see that the following information be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child need special accommodations (please specify)? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date, disease or condition:

You should be aware of these special medical conditions of my child: