

INDIVIDUAL RETREAT REGISTRATION
 YAKIMA DIOCESE YOUTH MINISTRY
JESUS CALLS US, LET'S GO OUT TO HIS ENCOUNTER
 April 12-14



Cost
 Before March 31 \$ 40 per youth
 After March 31 \$ 45 per youth
 After April 1 \$ 50 per youth

No youth is turned away for their inability to pay.

Today's date: _____
Shirt size: small | medium | large | XL | XXL

Language preferred: _____ English _____ Spanish _____ Bilingual _____

Parish: _____ **City:** _____

Youth First & Last Name: _____

Age _____ **D.O.B.** _____ / _____ / _____ **Grade:** _____

Youth phone # _____

Address: _____

City: _____ **Zip Code:** _____

Yes _____ No _____ **Have you attended the Pre-Easter Retreat before?**
 Yes _____ No _____ **Do you have allergies and/or a special diet** _____
 Yes _____ No _____ **Do you need lodging?**

Nota: solo para los que residen 30 millas fuera de Grandview. Avisar antes del 31 de marzo. DEBEN TENER CONSENTIMIENTO DE PADRE O MADRE.

Yes _____ No _____ **Do you attend youth group at your parish?**
 Yes _____ No _____ **Are you attending with your youth group?**
 Yes _____ No _____ **Is a chaperone attending with you?**
 Name _____



Attention: To better organize for the retreat, please send this form via email or send it in a picture message to:
Phone: 509-302-3244 | email: jpcats@gmail.com
Facebook: facebook.com/pjh.yakima/

Please bring this form with you and the signed parental consent form on 4/12/19.
 If you are coming with a group, please give your signed parental consent form to your youth minister.

YAKIMA DIOCESE YOUTH MINISTRY
PRE-EASTER YOUTH RETREAT
JESUS CALLS US
LET'S GO OUT TO HIS ENCOUNTER
APRIL 12-14
BLESSED SACRAMENT PARISH
 1201 Missouri Street, Grandview, WA



The Youth Ministry of the Diocese of Yakima invites all youth ages 13 and up to participate in this retreat in preparation for Easter.



"The youth are the present of the Church"
 - Pope Francis

Talks • Music • Adoration • Dynamics • Skits • Reflections • Confessions • HOLY HOUR • MASS
 And meet other youth who share the same faith!

REGISTRATION

To help us organize better we encourage you to pre-register.

PRE-REGISTRATION
 Before March 31 \$ 40 per youth
 After March 31 \$ 45 per youth
 After April 1 \$ 50 per youth
 Includes all meals.

Registration forms available at your parish, Pastoral Juvenil Facebook, Diocese website, or by email.

SCHEDULE

April 12: 6:30-9:00 PM
 April 13: 8:00 AM – 8:00 PM
 April 14: 8:00 AM
 3:00 PM Mass

CONTACT US

Padre José Herrera (509) 882-1657
 Miss Nancy (509) 302-3244

Like our page on Facebook!
 Facebook.com/pjh.yakima/

YAKIMA DIOCESE – YOUTH MINISTRY
MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM / LIABILITY WAIVER

Participant's name: _____

Birth date: _____ sex: _____

Parent/Guardian's name: _____

Home address: _____

Home Phone: _____ Business phone: _____

I, _____ grant permission for my child, _____
Parent or Guardian's name *Child's name*

To participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from

Name of Parish _____

A brief description of the activity follows:

Type of Event: **Pre Easter Retreat**

Date of Event: **April 12-14, 2019**

Destination of event: **Blessed Sacrament Parish, Grandview**

Individual in charge: _____

Estimated time of departure and return: _____

Mode of transportation to and from event: _____

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 (name of parish) _____, its officer, directors, employees and agents, and the Diocese of Yakima, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

X 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 number, contact:

Name: _____ Phone #: _____ relationship _____

Family Doctor: _____ Phone #: _____

Family Health Plan Carrier: _____ Policy #: _____

X Signature: _____ Date: _____

OTHER MEDICAL TREATMENT: In the event it comes to the attention of the parish, its officer, directors and agents, and the Diocese of Yakima, chaperones, or representative 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).

X Signature: _____ Date: _____

MEDICATIONS: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing the child takes such medications, including dosage and frequency of dosage, method of administration as follows:

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 for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

SPECIFIC MEDICAL INFORMATION: The parish will take reasonable care to see that the following information will be held in confidence:

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

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? if so, list date and disease or condition: _____

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