

**January 26-28, 2018**

**Onanda Park**

**Open to all Grades 8-12**

# **WINTER RETREAT**

**Cost \$75**

**Registration Deadline: January 24th**

**No person is ever denied participation for financial concern.  
Please Speak with Andrew about Scholarship funds.**

Checks should be made payable to St Benedict Parish

Mail or Deliver by January 24th, with \$35.00 payment to: Andrew Uttaro, St. Benedict Parish, 95 N Main Street, Canandaigua, NY 14424

**Winter 2018 Teen Retreat**

*REGISTRATION INFORMATION:*

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s): \_\_\_\_\_ Weekend/Cell Phone(s): \_\_\_\_\_

Alternate Emergency Contact Name and Number: \_\_\_\_\_ Church \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Policy No. \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies or special needs: \_\_\_\_\_

Any Medications (prescription and non-prescription) currently taken and include dosage? \_\_\_\_\_

Can this person be given any of the following by the event coordinator? Aspirin? Yes No Acetaminophen? Yes No Ibuprofen? Yes No

I give permission for pictures to be taken of my son/daughter for informational/advertising purposes only for church programs Yes No

*I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles, and for the release of medical records to an attending health worker in case of illness. I understand that every effort will be made to contact the parent/guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child named herein.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**CODE OF CONDUCT: *Your signatures below indicate your willingness to comply with the following rules:***

The purchase, possession or consumption of alcoholic beverages or the possession or use of illegal drugs will not be tolerated. Failure to comply will result in **IMMEDIATE DISMISSAL** from the event.

**CIGARETTE SMOKING AND CHEWING OF TOBACCO WILL NOT BE ALLOWED BY MINORS.**

Participant must attend all scheduled activities and events and remain in areas of the campus designated for this event only.

Participant must remain on campus until their transportation departs at the end of the event.

Participant is expected to obey the direction of all chaperones.

Appropriate behavior and language are expected. No dangerous or rough play will be allowed.

A final decision regarding acceptable behavior/consequences is the responsibility of the Retreat Coordinator.

We have read the information/expectations on this form and agree to abide by the Code of Conduct. If these rules are violated, we accept responsibility for the behavior and will arrange for the transportation of the child if he/she is dismissed from the event.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent

Signature of Participant

***Look for detailed information by mail once this registration form has been submitted.***

***Contact Andrew Uttaro with any questions: 585-394-1220 ext. 25***