

**DAYLIGHT XXII REGISTRATION FORM  
FEBRUARY 23<sup>RD</sup> -25<sup>TH</sup>, 2024  
OPEN TO ALL HIGH SCHOOL STUDENTS**

**Retreat Information**

**WHEN:** Friday, February 23<sup>rd</sup> – Sunday, February 25<sup>th</sup>, 2024

**WHERE:** Camp Deerpark, 200 Brandt Rd Westbrookville, NY

**DEPART:** St. Catharine's parking lot at 7:00 p.m. on Friday, February 23<sup>rd</sup>

**RETURN:** Sunday, February 25<sup>th</sup> at approximately 3:00 p.m. for Mass

**COST:** \$160 per person, includes room, transportation and meals!

Checks can be made out to St.Catharine's Youth Ministry

SPOTS WILL BE HELD AS FIRST COME-FIRST SERVE!

**\*\*\*PERMISSION SLIP AND PAYMENT ARE DUE BY FRIDAY, FEBRUARY 9TH\*\*\***

Any Questions: Email - [dmcstowecyo@gmail.com](mailto:dmcstowecyo@gmail.com)

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Student Name \_\_\_\_\_ Address \_\_\_\_\_

Student Cell Phone # \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Please list all medical conditions/medications/allergies that we should be aware of. Please also include any dietary restrictions. This will be kept confidential.

\_\_\_\_\_

I give permission for my child to attend **St. Catharine's Daylight XXII Retreat from February 23<sup>rd</sup> – 25<sup>th</sup>, 2024** which will be held at **Camp Deepark, Westbrookville, NY**. I hereby waive and release all rights and claims for damages which I have against St. Catharine's Youth Ministry Program and all its agents, servants, employees for any and all injuries which my child may incur while taking part in this event. This release includes any injuries incurred traveling to and from this event. I understand that this is a drug/alcohol/tobacco free event and that my child will not bring, possess, or consume these items while on the retreat. Furthermore, it is understood that if my child becomes ill, or destructive, or violates the drug/alcohol/tobacco policy, the local police will be contacted and a parent/guardian will have to pick them up immediately. If after the retreat information about drug/alcohol/tobacco use that took place on the retreat comes to light similar actions may be taken. In the event that I cannot be reached, the emergency contact listed below will be called for all emergencies.

\_\_\_\_\_

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

\_\_\_\_\_

Home Phone #

Cell Phone #

E-mail Address

\_\_\_\_\_

Emergency Contact Name

Relationship to Student

Phone #

Medical Release: In the event of an emergency where medical treatment is necessary, I give permission for the St. Catharine's CYO Staff to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

\_\_\_\_\_

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date