

Attention **ALL** HIGH SCHOOL STUDENTS!!

# HIGH SCHOOL RETREAT



April 20, 2024

9:00am-6pm

La Salle High School



Join us for an **action packed,  
Spirit-filled, life-changing  
day-long retreat.**

NOTE: This Retreat is required for all  
Confirmation Students this year,  
but is open to **ALL** High School  
Students.

*Questions? Contact Shawn at 509-902-7150 or  
by e-mail [stpaulifetime@hotmail.com](mailto:stpaulifetime@hotmail.com)*

# Retreat Application

REQUIRED FOR CONFIRMATION STUDENTS

April 20, 2024

## General Information:

Retreat Date: Saturday April 20, 2024

Time: 9:00am-6:00pm

Location: La Salle High School

Total Cost: \$10 (Includes lunch and refreshments during the day)

## Applicant Information:

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

Address: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Religion: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Work # \_\_\_\_\_ Father's Name: \_\_\_\_\_ Work # \_\_\_\_\_

Have you attended previous youth retreats?

\_\_\_\_\_  
\_\_\_\_\_

## TO REGISTER: COMPLETE & RETURN:

1. RETREAT APPLICATION (This page)

2. PARENT CONSENT/MEDICAL RELEASE FORM (Back Side)

3. RETREAT FEE: \$10

Checks Made payable to ST PAUL CATHEDRAL

REGISTRATION DEADLINE: Monday April 8, 2024

## Retreatant Contract

I, \_\_\_\_\_, (print name of retreatant), agree to participate in this Confirmation Retreat at La Salle High School and follow the rules and instructions that will be set forth by St. Paul Staff, other volunteers and the retreat leaders. I agree to participate in all scheduled activities and understand that failure to participate could result in dismissal. I understand that disobedience, misconduct and failure to comply with the rules could lead to dismissal from the retreat. I understand that bringing firearms, drugs, alcohol or other illegal substances are forbidden and will result in immediate removal.

\_\_\_\_\_  
(Retreatant's signature)

\_\_\_\_\_  
(Date)

Contact Person: Shawn Exner St Paul Cathedral LIFETEEN Coordinator  
ph# 509-902-7150 e-mail: [stpaullifeteen@hotmail.com](mailto:stpaullifeteen@hotmail.com)

## Youth Release and Authorization

I, the undersigned, parent or legal guardian, do hereby grant my permission for my son/daughter, a minor, to participate in all planned activities and programs offered by St Paul's LIFETEEN Program.

I, do hereby release St Paul Cathedral, La Salle High school, the Diocese of Yakima, its employees and its representatives of all liability and claims of whatever kind and nature (including, but not limited to, injuries and death) arising out of or resulting from the participation of my son/daughter in activities during the Confirmation Retreat April 20, 2024. This release from liability does not extend to acts of negligence or willful disregard for safety or well-being on the part of St. Paul Cathedral, its employees or its representatives.

It is further understood that I hereby authorize St Paul Cathedral, the Diocese of Yakima, La Salle High School, its employees, or its representatives to secure the necessary services for my son/daughter in the event of an accident or illness. If necessary, I give my permission for him/her to be evaluated, diagnosed, treated and medicated by licensed medical personnel in accordance with standard medical practice. Further, I, the undersigned, will be solely responsible for the payment of those services.

Parent's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's or Guardian's Printed Name \_\_\_\_\_

Youth's Printed Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Ph # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

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### Emergency Information

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Special Needs \_\_\_\_\_

If the family cannot be contacted in the event of an emergency, contact:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Please fill out and sign:

1. *Youth Release and Authorization,*
2. *Retreat Application and send to: St Paul Cathedral 15 S . 12<sup>th</sup> Ave, Yakima, WA 98902 along with \$10.*  
Checks made payable to St Paul Cathedral