# LIFT

Living in Faith and Truth

Diocese of Biloxi Youth Retreat

14595 Vidalia Road
Pass Christian, Mississippi 39571
Office Phone: 228-255-7560

Name: _____ Date: _____ Birthday: _____

Age: _____ Grade: _____ School: _____

Address: _____ City: _____

State: _____ Zip: _____ Candidate's Phone: _____

Parents/Guardians: _____

Parent's/Guardian's Phone: _____

Address(if different from above): _____

Parish: _____

Retreat: Boy's Retreat #94

Retreat Date: March 3rd -5th, 2023

Time of Arrival: Friday 6:00PM

Retreat Ends: Sunday at 3PM (Closing Ceremony)

Family is encouraged to attend closing.

Suggested Donation: $60

Things to Bring:
Comfortable, casual clothes
**One "Sunday" outfit for Closing**
Wash cloths/towels, blankets, sheets, pillow, pillowcases, shower shoes
Soap/personal toilet items
Prescription medications
Musical instruments (guitar, etc.)
Flashlight

Things Not to Bring: Radios, iPod, televisions, food, watches, Apple watches, and cell phones

Parental Consent: All attached parental consent forms must be filled out and returned. Parent Request to Participate must be notarized,

**Diocesan Policy Concerning Supervision of Youth Trips & Other Functions**
**PARENT REQUEST TO PARTICIPATE & MEDICAL RELEASE FORM**
**(Notarize for Overnight Trips Only)**

**Dear Parent or Legal Guardian:**

Your son/daughter is eligible to participate in a church/school-sponsored event. This activity will take place under the guidance of Desmond Hoda.

A brief description of the activity follows:

Name of Event: Sacred Heart Boy's Retreat # 94

Destination: Sacred Heart Retreat Center 14595 Vidalia Road Pass Christian, MS 39571

Designated Supervisor of Activity: Desmond Hoda

Date and Time of Departure: March 3rd – 5th, 2023

Method of Transportation: N/A

Approximate Cost**:** $ 60.00

If you would like your child to participate in this event, please complete, sign, and return the following statements of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

I hereby consent to participation by my child, _____
In the event described above. I understand that this event will take place away from the church/school grounds and that my child will be under the supervision of the designate chaperons on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. On behalf of myself and my child, I acknowledge that a risk of exposure to COVID-19 exists in any public place where people are present and I voluntarily assume all risks related to exposure to COVID-19. I hereby indemnify and agree to forever hold harmless the Diocese of Biloxi, as well as its employees, administrators, trustees, Bishops, priests, attorneys, agents, and affiliated persons and entities from any and all claims which in any way relate to this event and potential or actual exposure to COVID-19, including claims for negligent exposure, negligence, and all related claims. I also consent to allow my child to be photographed for the diocesan newspaper and online website.

_____
Print Parent's Name Cell Phone Email

_____
Parent's Signature Date

**SWORN TO and subscribed before me on this _____ day of _____ 20_____**

_____
**NOTARY PUBLIC**
**(Seal)**

**My commission expires: _____**

# Diocesan Policy Concerning Supervision of Youth Trips & Other Functions

## MEDICAL RELEASE AND INFORMATION FORM

(Medical Information for Overnight Trips/Retreats Only)

Name of participant_____ DOB _____

Medication presently on (Name and dosage for each)

_____

_____

_____

Allergies (Foods, Medication, etc.):

_____

_____

_____

Any other Medical conditions (asthma, diabetes, seizures etc.)

_____

_____

_____

Date of last tetanus shot _____

_____

**Parent contact:** Work Phone Cell Phone Email:

_____

Contact Person (alternate) Home Phone Work Phone Cell Phone

I hereby give my permission for my child to be administered medical help in case of an emergency. If you have medical insurance please indicate the following:

Insurance Company: _____ Phone: _____

Policy Name: _____ Policy Number: _____

Family Doctor: _____ Doctor's Phone Number: _____

Parents(s) Guardian(s) signature _____ Date: ___ / ___ / _____

Sworn To and subscribed before me on this _____ day of _____ 20_____

_____

Notary Public (seal)

My commission expires: _____