

GO MAKE DISCIPLES

MATTHEW TWENTY-EIGHT | SIXTEEN TO TWENTY
CHRISTIAN LEADERSHIP INSTITUTE 2018

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JULY 18 - JULY 22 , 2018

REGISTRATION: \$ 225.00 PER PERSON

Registration forms and payment can be turned in to your church parish or mailed to:
Office of Youth Formation
PO Box 505
Schriever, LA 70395

CLI stands for Christian Leadership Institute, which is a 5 day retreat where young people are able to grow as people, as Christians, and finally as leaders in their family, school, and parish communities. This year's theme for CLI is "Go & Make Disciples". We can't wait to see you there.

Who: High School Students (Rising Sophomores and up)

When: July 18-22, 2018

Where: Lumen Christi

Registration deadline is JULY 6, 2018

After the deadline please contact the office regarding registration.

For more information please contact (985) 850-3151 or jmatherne@htdiocese.org.

CHRISTIAN LEADERSHIP INSTITUTE

Parent Request to Participate and Medical Release Form

Youth Name: _____ Sex: _____ M _____ F
Shirt Size: (circle one) S M L XL 2XL 3XL Email: _____
Date of Birth: ____ / ____ / ____ Phone: _____ Cell: _____
Address: _____ City/State: _____ Zip: _____
Church: _____ School: _____ Grade: _____
Parent Name: _____ Daytime#: _____ Other#: _____

I, _____, grant permission for my child, _____ to
(Parent or Guardian's Name) (Child's Name)

participate in this diocesan event. This activity will take place under the guidance of Mr. Michael J. Di Salvo, Director of Youth Ministry. I understand that I am responsible for my child's transportation to and from the retreat.

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 the Diocese of Houma-Thibodaux, its employees and agents, chaperones, or representatives

associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese of Houma-Thibodaux, 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.

I hereby give permission for my child to be administered medical help by a licensed physician in case of an emergency.

Emergency Contact: _____

Relationship: _____ Phone: _____

I do have medical insurance for my son/daughter

I do not have medical insurance for my son/daughter

If you have medical insurance please indicate the following:

Policy Name: _____ Policy Number: _____

Family Doctor: _____ Phone Number: _____

Please list any medical conditions, drug allergies, medication or any dietary restrictions that we should be aware of.

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Office of Youth Ministry or the Diocese of Houma-Thibodaux. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child to be photographed or filmed should so notify the Office of Youth Ministry in writing. Please note that the Office of Youth Ministry has no control over the use of photographs or film taken by media that may be covering the event in which your child participates.

Parent or Guardian Signature

Date