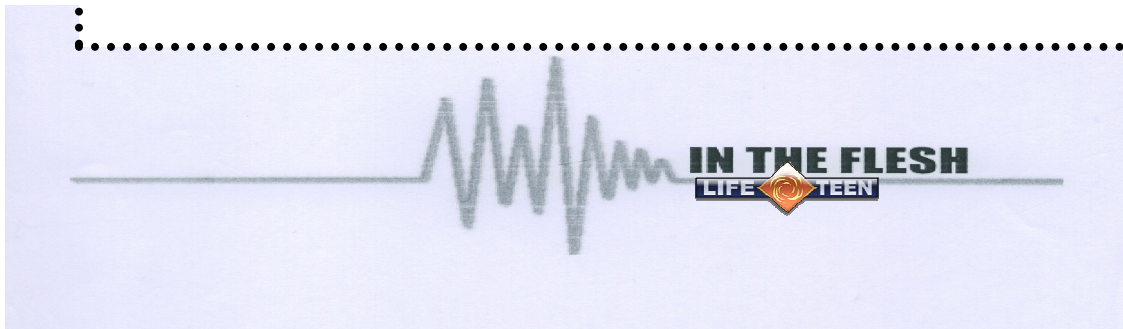


# 1<sup>st</sup> Annual LIFE TEEN Retreat!



August 8-9, 2009

Are you looking for a way to know Christ better and have fun at the same time? If so, this retreat is perfect for you! Come and experience a different way of looking at how we connect with Jesus. We are having the retreat at St. Richard Parish and will be followed by a LIFE TEEN Mass at 4 pm before the Toledo Mud Hens game!

WHEN: Sat., Aug. 8 @ 9 a.m. to Sun., Aug. 9, 2 p.m.

Mass @ St. Richard at 4 p.m. followed by Mud Hens game.

The cost for the weekend is ~~\$25~~ **NOW JUST \$10**, and includes food, overnight lodging, t-shirt, a FREE Mud Hens Ticket, and a fantabulous spiritual experience!

Interested in attending? Please fill out the form below and return it to the parish before July 26, along with \$10 down payment, permission and medical forms.

---

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ T-Shirt size \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

\_\_\_\_\_ Yes I would like the Free Mud Hens Ticket too.

\*\*\* No student will be allowed to attend without a completed Permission Slip \*\*\*

## Toledo Diocesan Field Trip Permission Slip

Student (name): \_\_\_\_\_ has my permission to take part in our **1<sup>st</sup> Annual LIFE TEEN Retreat** with St. Richard LIFE TEEN at St. Richard Parish, Swanton, Ohio **Saturday & Sunday August 8<sup>th</sup> & 9<sup>th</sup>**. Everyone transporting the students is required to have their own personal liability insurance (a copy of proof of insurance is to be brought to the parish office prior to departure), provide seat belts for each rider, and to be responsible for the care of our students. As this student's parent or guardian, I release St. Richard Youth Quest, Catholic Services, and any associated person or agency from any claims in consideration for the opportunity to participate in this program.

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

Parents Name (please print) \_\_\_\_\_

### Medical Emergency Information

Student's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

In case of emergency contact:

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Evening Phone \_\_\_\_\_

Address \_\_\_\_\_

Medication(s) you **CANNOT** take \_\_\_\_\_

\_\_\_\_\_

Medication(s) you are taking \_\_\_\_\_

\_\_\_\_\_

Allergies/special health problems or concerns \_\_\_\_\_

\_\_\_\_\_

Insurance Co. \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Policy # \_\_\_\_\_ Policy Holder's Identification \_\_\_\_\_

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