



Event: Day Retreat for high School and junior high youth (grades 6-12)
Contact for Retreat: Holly Moran
Contact Info: 513-777-4322, ext. 107 **OR** h Moran@saint-max.org
Date & Time: Saturday, June 10, 10 AM – 4:00 PM (families invited for 4:30 PM Mass)
Location: St. Max – Gym (check-in), Church, and Acutis Lounge
Cost: \$0
Transportation: Self or Parents

What to Bring: Guys: Drink to share. Girls: Snack to share. **No cell phones** (we will collect them if they are brought).

NEEDED PAPERWORK:

- 1) A completed copy of the form below must be turned in.
- 2) A copy of **medical information must be on file and up to date.** *This would be completed on the Medical and Liability Form turned in for youth events for the school year. 2023-2024 form please.*
- 3) If your teen **needs to take prescription medication**, we need a medications **permission which is on the medical release form.** *See parish website.*

I, the lawful parent or guardian of _____ (the “child”) give permission for my child to participate in the activity described on the Activity Information (shared above) and release from all liability and indemnify the Archbishop of Cincinnati (“the Archbishop”), both individually and as a trustee for the Archdiocese of Cincinnati and all parishes, schools, and institutions within the Archdiocese, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity.

I agree that the Archbishop or his agents may use my child’s portrait or photograph for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities. (Facebook, texting, etc.)

Permission to administer Over-the Counter Medications

The program directors may give over-the counter medications to my son/daughter listed above in the following situations. Please initial all that apply:

For headache, you may give my son or daughter:

- Tylenol (acetaminophen)
- Advil (ibuprofen)
- Aspirin
- Other (please list) _____

For upset stomach, you may give my son or daughter:

____ Pepto Bismol (Pink Bismuth)
____ Kaopectate

____ Tums
____ Other (please list) _____

Teen's Shirt Size (for retreat shirt) ***PLEASE CIRCLE:*** S M L XL XXL

Parent Signature _____ Date _____

Parent/Guardian Name (print) _____ Phone _____

Parent Email (print) _____

Emergency contact – Name _____ Phone _____

**This form: Due June 1 in the Parish Office
OR upon the day of the retreat at the registration table
(To note, shirts may not be available with last minute paperwork.)**