

Overnight Youth Retreat

April 1st & 2nd

Ages: 7th-12th Grades

Contact Fr. Joseph Woodill at (718) 767-7292, or josephwoodill@yahoo.com
for questions & inquiries

Participant information

Name: _____	Parish: _____
Address: _____	Diocese: _____
City or Town: _____	Home Phone: _____
State/Province: _____	Parent's Cell: _____
Zip/Postal Code: _____	Student's E-mail: _____
Age and Date of Birth: _____	Parent's E-mail: _____

Primary Physician

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____

Health Insurance Carrier

Name: _____
Group Number: _____
Policy Number: _____
Phone: _____

Allergies and pre-existing conditions:

(use back if necessary)

Guardian Permission/Release

I am the parent or legal guardian of the participant named above. I hereby release the Orthodox Church in America, the Diocese of New York and New Jersey, and Holy Resurrection Orthodox Church, their agents and employees from any and all liability for all personal injuries known or unknown that the youth named above may incur due to reasons unrelated but not limited to negligence by participating in activities conducted, sponsored, or associated with the event stated above.

In the event of an emergency I, or my spouse, may be reached at the following telephone numbers:

1st #: _____ 2nd #: _____

Also, in the event that I cannot be reached in the case of emergency, I do hereby authorize a physician selected by the coordinator of this event to administer emergency treatment including medications, diagnostic tests, surgery, or other medical intervention deemed necessary by the physician.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily on behalf of myself and the participant named above and with full knowledge of the significance to bind all persons. In witness whereof, I have signed this release on the date indicated below.

Name (please print clearly): _____ Relationship: _____

Signature: _____ Date: _____

Person to release my child to at the conclusion of event: _____

I am the person who is authorized to pick up this participant (signature): _____

Mail this Form and \$35 Registration Fee to:

Holy Resurrection Orthodox Church

285 French Hill Road, Wayne NJ 07474

Check payable to: **Diocese of New York and New Jersey**