

# OCA Pre-Lenten Youth Retreat

February 8-10, 2008

Topic: "J.O.Y." (Jesus, others & yourself) Ages: 7<sup>th</sup>-12<sup>th</sup> Grades

Contact Fr. John Cassar at (609) 306-4168, or [johncassar@patmedia.net](mailto:johncassar@patmedia.net) for questions & inquiries

<b>Participant information</b>	
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: _____
<b>Primary Physician</b>	<b>Health Insurance Carrier</b>
Name: _____	Name: _____
Address: _____	Group Number: _____
City/State/Zip: _____	Policy Number: _____
Phone: _____	Phone: _____
<b>Allergies and pre-existing conditions:</b> _____ (use back if necessary)	
<b>Guardian Permission/Release</b>	
I am the parent or legal guardian of the participant named above. I hereby release the Orthodox Church in America, and Mother of God 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 even stated above.	
In the event of an emergency I, or my spouse, may be reached at the following telephone numbers: 1 <sup>st</sup> #: _____ 2 <sup>nd</sup> #: _____	
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 to:**  
**The Diocese of Washington & NY**  
**PO Box 372, Wayne, NJ 07474-0372**