



**STRENGTH RETREAT PERMISSION SLIP**

**AUGUST 17, 2013**

I/We, the parent(s)/guardian(s) of \_\_\_\_\_ request that my son/daughter to participate in the STRENGTH Retreat on August 17, 2013. The St. Boniface Youth Group participants will be accompanied by Youth Minister Chris Mandato, as well as several parent volunteer chaperones. We will be using chaperone cars to travel to and from High Velocity in Bay Shore.

We hereby release the church St. Boniface Martyr and any and all of its chaperones from any and all liability for any and all harm arising to my son/daughter as a result of this retreat.

\_\_\_\_ I am interested in chaperoning/driving to High Velocity in Bay Shore

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

**MEDICAL RELEASE STATEMENT**

I hereby give permission for my son/daughter \_\_\_\_\_ to be given any emergency medical treatment in the event of an accident or illness while attending the STRENGTH Retreat on August 17, 2013. I understand that a chaperone will accompany my child if such treatment is required and that I am responsible for any charges incurred.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Parent/Guardian)

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**If a parent cannot be reached please list an alternate contact in case of an emergency:**

Name: \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Relationship \_\_\_\_\_

I can do all things through christ, who gives me strength (phil. 1 : 3)