

**Created for a Purpose**  
**Junior High Retreat**  
**Participant Registration Form**  
**January 14-15, 2022**

**RETURN REGISTRATION FORM AND PAYMENT TO PARISH YOUTH LEADER BY January 12th.**

Costs: \$35 – Checks payable to St. Anthony’s Parish (Sponsorships are available)  
Bring a snack to share

**PERSONAL INFORMATION** (please print legibly)

Name \_\_\_\_\_ M F

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ text? Y/N

Address \_\_\_\_\_  
\_\_\_\_\_

Grade \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parish/School \_\_\_\_\_ T-shirt size: YM YL S M L

E-mail \_\_\_\_\_

Mother’s Name \_\_\_\_\_ Father’s Name \_\_\_\_\_

Mother’s Phone \_\_\_\_\_ Father’s Phone \_\_\_\_\_

Best Emergency Contact Name, Phone Number and Relationship to youth participant:

\_\_\_\_\_

**Medical Information** (REQUIRED OF ALL PARTICIPANTS)

Any specific activities limited by a physician?

Dietary restrictions or medically prescribed meals?

Health Conditions/illnesses we should know about?

My child is allergic to: \_\_\_\_\_

Does student have peanut allergy      Yes      No

My child must take the following medication (please indicate name of medication, dosage frequency; attach additional sheet if desired):

Chaperones assume no responsibility for administration of medications without prior written arrangements.

## PARTICIPANT CONDUCT & MEDICAL CONSENT RELEASE STATEMENTS

(Required of **all** participants both youth and adult)

I, the undersigned hereby grant permission for my child to attend and participate in the retreat on January 14-15, 2022. In case of medical emergency, I understand that every effort will be made to contact the parents or guardian of the participant. If necessary, and in the event I cannot be contacted or respond, I hereby grant permission for my self/child to be evaluated, diagnosed, and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve St. Anthony Parish and the Roman Catholic Diocese of Helena of all consequences that may arise as a result of treatment. I will hold harmless and indemnify St. Anthony Parish and the Roman Catholic Bishop of Helena, the Diocese of Helena, chaperones, or representatives associated with the Missoula Deanery Junior High Retreat from any liability in the event of injury. Furthermore, I agree to accept any and all financial responsibility as a result of scheduling treatment for such injuries. I/my child agree/s to abide by all rules and regulations attached to this event. I also understand that if the participant violates any of the rules regarding possession or use of alcohol or other drugs, rules related to activity code of conduct, or rules governing personal and private property, the participant may be required to leave the activity at the participant's own expense, I understand that the Diocese of Helena will not be held liable if I/my child fail(s) to cooperate with such regulations.

Participants also understand and agree that fighting, obscene language, and the use and/or possession of tobacco, alcohol, illegal drugs, and weapons of any kind is not acceptable behavior. If participants should be found in such behavior or in possession of and/or using such substances and/or items, participant also understands that parents/guardians may be notified and that participant may be sent home at participant's own expense. Event directors have the authority to prohibit video camera or other forms of image-recording devices, as appropriate to prevent distractions or to protect against violating the privacy of participants. Violation of this policy may result in confiscation of such equipment for the duration of the retreat, and/or dismissal from said event. By signing this form I understand that a picture of myself/my child and/or work or projects created by myself/my child (e.g. still pictures, motion pictures, audio recording, or video recording, or other reproduction of your/your child's image) may be published by the Catholic Parish, Catholic School, Legendary Lodge, Diocese of Helena, or Foundation for the Diocese of Helena, to advance the mission and purpose of the Catholic Church.

### Media Release Form

By virtue of your registering for an event or program sponsored by the Diocese of Helena, a picture of you and/or work or projects created by you (e.g. still pictures, motion pictures, audio recording, or video recording, or other reproduction of your image) may be published by the Catholic Parish, in one or more of the following ways:

- Use as a demonstration project / activity in educational workshops, classes, and/or conferences.
- Use as marketing materials for on-going fundraisers or other marketing for our schools, camps, programs, or parishes.
- Post on the Catholic School / Parish/ Diocese or Foundation website(s) on the Internet.
- Printed in *The Montana Catholic*, the official diocesan newspaper.
- Submit as samples to program publishers, media or as grant and contest entries.
- Use portions of the project(s) on a videotape made during a presentation of the project.

Please understand that this list is meant to be exemplary and not inclusive. We would like you to sign the following statement acknowledging your understanding of and agreement to this practice. Failure to sign this form may prevent or restrict your participation in the event or program sponsored by the Parish. If you have any questions about this policy, please contact the event/program leader.

*I understand that a picture of me and/or work or projects created by me (e.g. still pictures, motion pictures, audio recording, or video recording, or other reproduction of your image) may be published by the Catholic Parish, Diocese of Helena, and/or the Foundation for the Diocese of Helena, Inc., to advance the mission and purpose of the Catholic Church.*

### Participant Signature and Date

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### Parent Signature and Date

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