

**FR. BERNARD YOUTH CENTER
JR. HIGH SUMMER RETREAT**



DISCOVERY

JULY 9-11, 2018

Where: Fr. Bernard Youth Center
980 S. Main St, Mt. Angel, Oregon

Time: 1 pm on Monday, July 9 until 12:00 pm (noon) on Wednesday, July 11

Who: Jr. High Students *entering* 6, 7, or 8th grade (generally ages 11-13)
Attendance is free for *one* Youth Minister or parish staff in charge of Junior High
Each parish is responsible for sending chaperones at a ratio of 6 youth : 1 adult

What: 3 days of discovering Christ through Mass, Confession, Adoration,
testimony & teaching, growing in friendship, and enjoying the outdoors

Cost: \$150 per person (lodging and meals included)

Registration ends June 22 or when full
Send completed forms and payment to retreats@fbyc.info, or to:
Fr. Bernard Youth Center, PO Box 790, Mt. Angel, OR 97362

Questions? Call us at 503-845-4097 or visit www.FBYC.INFO

DISCOVER LIFE TO THE FULLEST (JOHN 10:10)

Fr. Bernard Youth Center
Parent/Legal Guardian Event Permission Slip for Student/Youth

TO BE COMPLETED BY SPONSORING PARISH/SCHOOL

Below please find a brief description of the schedule of activities:

Event Fr. Bernard Youth Center Jr. High Summer Retreat Location: 980 S. Main St. Mt. Angel, OR

Parish, School, or Agency: _____

Date of Event: July 9-11, 2018 Departure Date: July 9, 2018

Departure Time: July 9, 1:00 pm Return Date: July 11, 2018

Estimated Time of Return: July 11, 12:00 pm Mode of Transportation: Self Provided

TO BE COMPLETED BY PARENT / LEGAL GUARDIAN

I, _____ the undersigned, give my permission for _____

(Parent/Legal Guardian)

(son/daughter)

to take part in an off-premises event which will require supervision by Fr. Bernard Youth Center employees and volunteers.

- I agree to allow my child to participate in this event.
- I agree and understand that transportation is self provided, but when necessary may be provided in such form and at the discretion of the Fr. Bernard Youth Center
- I also authorize the Fr. Bernard Youth Center and its employees or chaperones to secure any and all necessary medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible for the payment of those services.

Child's Name _____ Date of Birth _____ Sex Male Female

Allergies (foods, drugs, insects, etc.) _____

Medications (name, dosage, reason) _____

Other information (injuries, etc.) _____

Insurance Carrier _____ Group or ID# _____

In case of emergency, please notify:

Parent/Guardian (s) _____

Day Phone Number(s) _____ Evening Phone Number(s) _____

Child's Doctor _____ Phone Number _____

Parent/Guardian Signature

Date

THIS FORM TO BE KEPT ON FILE FOR THREE YEARS



FR. BERNARD YOUTH CENTER

Media Release Form for Minors (if under 18)

I hereby grant the Fr. Bernard Youth Center permission to use photographs and/or videos of the minor (person under the age 18) listed below.

I understand that the images may be used in print publications, online publications, videos, presentations, websites, and/or social media.

I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Minor's Name: _____

Parent/Guardian's Name: _____

Phone Number: _____

Parent email: _____

Date: _____

Parent printed name: _____

Parent/Guardian's signature: _____

Please return signed permission form to:

Fr. Bernard Youth Center · 980 S. Main St. · P.O. Box 790

Mt. Angel, OR 97362

503-845-4097