

SBLT Lock-In and Mini Retreat

**APRIL 26-27, 2019
FRI 6:00PM– SAT 5:00PM
@ SAINT BRIGID**

Cost: \$30

****A MINI RETREAT AND LOCK
IN: LASER TAG, WAFFLE HOUSE,
GAMES, MOVIE, SLUMBER PARTY
AT CHURCH, ETC!****

**SIGN UPS DUE BY WED, APRIL
17TH!! MUST HAVE AT LEAST 30
TEENS SIGNED UP FOR THIS EVENT.**

**FOR MORE INFORMATION CONTACT LEIGH ANNE
BUTRUM AT LBUTRUM@SAINTBRIGID.ORG**

Catholic Archdiocese of Atlanta
Saint Brigid Catholic Church

Field trip - Parental / Guardian Consent Form and Liability Wavier

Name of Participant: _____ School: _____

Gender: _____ Date of Birth: _____ Grade: _____

Parent / Guardian's Name : _____

Address: _____

Parent Contact phone #: _____ Teen Cell #: _____

Parent E-Mail: _____ Teen E-Mail: _____

I, (Parent/Guardian above), grant permission for my child, (Participant above), to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and /or volunteers from the parish. A brief description of the activity follows:

Type of Event: *Alpha Retreat and Lock-In*

Destination of Event: *Saint Brigid Catholic Church*

Individual in Charge: *Leigh Anne Butrum*

Estimated time of Event: *6:00pm Fri, April 26, 2019 – 5:00pm Sat, April 27, 2019*

As a parent and / or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend this **PARISH** (listed above), its officers, directors, and agents and the **ARCHDIOCESE OF ATLANTA**, Georgia, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Atlanta, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

I / We hereby grant permission for publication of group (two or more persons) photo taken at youth events.

Signature of Parent / Guardian _____ Date _____

****PLEASE RETURN THIS FORM TO LEIGH ANNE BUTRUM IN THE LIFE TEEN OFFICE BY WED, APR 27, 2019 . MUST HAVE LIFE TEEN REGISTRATION ON FILE TO ATTEND.****

Office use: date _____ rec'd _____ amount _____ check # _____ Cash _____