

SENT

SAINT BRIGID

LIFETEEN

KICKOFF RETREAT

KICKOFF THE YEAR WITH OUR
FALL RETREAT! COME LEARN
HOW WE ARE ALL MEANT TO
SPREAD THE WORD OF GOD.
OPEN TO ALL 9-12 GRADERS!

AUGUST 23-25

LIFETEEN CAMP COVECREST

COST: \$120 FORMS DUE AUGUST 7

EARLY BIRD DEAL- \$110 IF TURNED IN
BY JULY 17

**Catholic Archdiocese of Atlanta
Saint Brigid Catholic Church**

Field trip - Parental / Guardian Consent Form and Liability Wavier

Name of Participant (please write the name you go by): _____

School: _____ Grade: _____ Gender: _____ Date of Birth: _____ T-Shirt Size: _____

Parent / Guardian's Name : _____

Address: _____

Parent Contact phone #: _____ Teen Cell #: _____

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

List any food allergies we need to let the camp know about: _____

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: *Life Teen Fall Retreat*

Destination of Event: *Life Teen Camp Covecrest*

Individual in Charge: *Leigh Anne Butrum*

Estimated time of Departure/Return: *5:30pm Friday, Aug 23, 2019- 6:00pm Sunday, Aug 25, 2019*

Mode of transportation to and from event: *Bus*

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 along with a \$120 check by Wed, Aug 7, 2019. Must have Life Teen Registration on file. Make checks out to St Brigid Life Teen. If you have questions please email lbutrum@saintbrigid.org****

Office Use: Date _____ Rec'd _____ Amount \$ _____ Check # _____ Cash _____