

# Let go

SURRENDER AND LET GOD WORK



## JUNIOR/SENIOR RETREAT

SAINT BRIGID CATHOLIC CHURCH

FORMS AND \$40 CHECK  
DUE TO LEIGH ANNE BY  
JULY 17TH

JULY  
24-25, 2020

SCHOLARSHIPS AVAILABLE  
ONLINE. EMAIL  
[LBUTRUM@SAINTBRIGID.ORG](mailto:LBUTRUM@SAINTBRIGID.ORG)  
FOR QUESTIONS

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

**Field trip - Parental / Guardian Consent Form and Liability Wavier**

Name of Participant: \_\_\_\_\_ Goes By: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Parent Cell #: \_\_\_\_\_

Teen Cell #: \_\_\_\_\_ Parent E-Mail: \_\_\_\_\_

Teen E-Mail: \_\_\_\_\_ St Brigid Parishioner: YES/NO If Not, where: \_\_\_\_\_  
Circle one

Any allergies/special needs/etc we need to be aware of?: \_\_\_\_\_

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: **Junior/Senior Retreat**

Destination of Event: **Life Teen Camp Covecrest in Tiger, GA**

Individual in Charge: **Leigh Anne Butrum**

Estimated time of Departure and Return: **Fri., July 24 5:30-9pm & Sat., July 25 12:30-10pm**

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 \$40 check by July 17, 2020. Must have a Life Teen Registration on file. Make checks out to Saint Brigid Catholic Church.\*\***

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