

**Holy
Cross**

**High-School Retreat
Permission Form
Parental/Guardian Authorizations**

**Mission
Trip**

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in an event sponsored by Holy Cross

Name of the event: **High-School Mission Trip**

Destination: **Catholic Heart Workcamp / Milwaukee, Wisconsin**

Date and time of departure: **Sunday, July 6th, 2008 at 9:30 AM**

Date and anticipated time of return: **Saturday, July 12th, 2008 around 7 PM**

Who Can Go: Those currently in High-School

Student cost: **\$75.00 Deposit to reserve a space (\$310 plus Vehicle Rental, 2 meals)**

Deadline: Friday, December 14th.

50% of balance due by March 28th

Balance is due by: April 25th

Information Meeting: Wednesday, December 5th at 6PM

I hereby consent to participation by my teen _____ in grade _____ in the event described above. I understand that this event will take place off the parish premises and that my teen will be under adult supervision. I further consent to the conditions stated above on participation in this event, including the method of transportation.

I hereby release and indemnify the Religious Education Program, its staff, volunteers and Holy Cross Church in Batavia, IL. and the Catholic Bishop of Rockford, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my teens' participation in this event.

I grant permission to the people in charge of this event and those transporting my child to and from the event to make the necessary referrals to qualified physicians for treatment of illness or accident. In case of medical emergency, I understand that every effort will be made to promptly contact the parent or guardian. In the event I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize and/or secure proper treatment for, if deemed as necessary for my child.

Signature of Parent/Guardian _____

Address, City _____ Phone: _____

Authorized Physician _____ Phone: _____

Policy in the name of: _____

Insurance
Company _____

Identification # and/or Social Security #: _____

I would like to help defray the cost of this retreat with a donation \$ _____

I would be interested in helping chaperone this trip _____