EDGE
SPRING RETREAT
FEBRUARY 17TH-19TH
FORMS & PAYMENT DUE: FEBRUARY 15TH
COST: $110
DESTINED
ALL 7TH AND 8TH GRADERS ARE WELCOME TO THIS WEEKEND FULL OF ADVENTURE! CAMP ACTIVITIES, DELICIOUS MEALS, ADORATION, ZIPLINING, HIKING, AND MORE IS WHAT IS WATING FOR YOU! PLUS YOU'LL HAVE A WEEKEND HANGING OUT WITH YOUR FAVORITE CORE TEAM AND FR. CHRIS!
Contact Maria Barone or Brandon Ashton for any questions
maria@smarymag.org - brandon@smarymag.org

St. Mary Magdalene Edge

EDGE Spring Retreat 2017: February 17th-19th

United Christian Youth Camp Prescott, AZ

Every person who participates in the following listed events must fill out & turn in this form.

PERMISSION / MEDICAL RELEASE

Participant Name(s):_____

Parent(s) Contact Name: _____

Parent's Cell Phone:_____ Parent Email: _____

The above named person(s) is/are permitted to participate in the St. Mary Magdalene Edge Camp:

I/we understand that reasonable precaution will be taken to safeguard the health and safety of the participant(s) and that the designated emergency contact person will be notified as soon as possible in case of emergency. In the event of any sickness or accident, person(s) will not hold St. Mary Magdalene Catholic Church, The Diocese of Phoenix, Life Teen Inc., any volunteer, chaperone, or driver responsible. I/we authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist, or surgeon; licensed to practice in the State of Arizona or any other state. The undersigned understand(s) and agrees that any medical, dental, or hospital expense incurred shall be at their own expense. The undersigned understand(s) every effort will be made to notify the emergency contact in the event that treatment is necessary.

_____ _____

Parent /Guardian Signature Date

Insurance Carrier_____Group # _____

Do you give permission for Tylenol or Motrin to be dispensed if requested by minor(s) YES - NO

Please list any known allergies, health problems: _____

_____

If daily medication is needed please write details, doses, and if you would like us to hold the medicine: _____

_____

IF I/WE, CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY, THE FOLLOWING PERSON(S) IS/ARE AUTHORIZED TO ACT ON MY/OUR BEHALF:

Name(s): _____

Phone: _____

Relationship to participant(s): _____

Name(s): _____

Phone: _____

Relationship to participant(s): _____

Form of payment enclosed with form (please check one): Cash_____Check*_____

*All checks made out to St. Mary Magdalene. Please write "Edge Retreat" on subject line.

UNITED CHRISTIAN YOUTH CAMP

Participant Release Form

NOTE TO GUEST: United Christian Youth Camp wants your experience on our property to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information.

Full Name:	
Street Address:	
Date of Birth:	Age:
Emergency Contact:	
Relationship To You:	
Cell Number:	Other Number:
Allergies or Other Medical Needs:	
Name of Physician:	
Physician Address:	
Medical Insurance Company:	Policy #:
Insurance Company Address:	

INDEMNITY & CONTRACT AGREEMENT:

I acknowledge that in consideration of my voluntary agreement to come to United Christian Youth Camp (UCYC) and participate in any way in the events and all activities UCYC provides, that such participation may be dangerous and involve the risk of serious injury including death or damage. I will not sue, hold or attempt to hold United Christian Youth Camp, its employees, officers, directors, agents, operators, contractors, rescue personnel, or owners, liable for any loss, damage or injury to person or property caused by any act or neglect of other persons on or about the Property, or caused in any manner other than the willful or negligent act of United Christian Youth Camp, its agents and employees, and will indemnify and hold United Christian Youth Camp harmless of liability for damages or claims against United Christian Youth Camp arising out of or in any way related to any such loss, damage or injury. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

Permission is hereby given for use of the following by UCYC for promotional purposes: 1)pictures and video taken while at camp; 2) quotations from evaluations and letters relating to camp experience; 3)name, address, phone, number and e-mail address for camp database. (All data is for UCYC use only and is not shared.)

I HAVE READ THIS RELEASE & WAIVER OF LIABILITY, FULLY UNDERSTAND ITS TERMS AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature _____ Date_____

Parent/Guardian Signature
(If under 18) _____ Date_____