

ANTIOCH 2012

Last name : _____ First name : _____

Address _____ City/ Zip: _____

Birth date: _____ Age: _____ Grade: _____ Gender: M F

School: _____

Phone numbers:

Home: _____ Teen Cell: _____

Parent Cell: _____

Email:

Teen: _____ Parent: _____

Allergies: (include all especially animals, food or environmental)

Medication: _____

Special needs: _____

I give my son/daughter _____ permission to attend the St. Peter the Apostle Antioch Retreat weekend on February 10-12, 2012. In case of emergency, I can be reached at the following number: _____.

If medical attention is required in the course of the weekend, I hereby give permission for my son/daughter to be treated. I also understand that everyone who is present at the weekend will abide by the rules and policies of our youth program and of the retreat weekend. The violation of any rules or policies may be cause for dismissal.

Parent/ Guardian

SIGNATURE: _____

Name (PRINT): _____