



Watermark High School Retreat

February 11-13, 2005

Parental Permission and Release Form

\$125/person (includes 2 nights lodging, 6 meals, all materials)

Please Print Thank you

PARTICIPANT'S NAME _____ PHONE _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

PARISH ST. CLARE'S PARISH BIRTH DATE _____ GRADE _____ GENDER _____

PARENT/GUARDIANS' NAME _____ HOME PHONE _____

ADDRESS _____ EMAIL _____

DOCTOR'S NAME _____ DR.'S PHONE _____

INSURANCE COMPANY _____ POLICY # _____

Are there any known allergies to food or medications that those who work with your young person on this weekend should be aware of? **Yes No**

If Yes, explain: _____

Are there any known physical, psychological or emotional limitations that would affect this young person's participation in this event? **Yes No**

If Yes, explain: _____

EMERGENCY CONTACT IN THE EVENT THE PARENT (S) CANNOT BE NOTIFIED:

NAME _____ PHONE _____

Release Form

I request that the San Jose Chinese Catholic Community, Watermark Youth Group, permit my child to participate in the **Watermark High School Retreat** to be held at **Redwood Christian Park** on **February 11-13, 2005**. I understand that reasonable precautions will be taken to safeguard the health and well being of my child, and that I will be notified as soon as possible in the event of an emergency. In case of sickness or accident, I authorize and consent to any x-ray exam, anesthetic, medical, dental or treatment and hospital care to be rendered to my child under the general care and advice of any physician, dentist or surgeon licensed to practice in any state. I further understand and agree to be responsible for any such medical, dental and/or hospital expenses incurred.

PARENT'S SIGNATURE _____ DATE _____

OTHER PARENT'S SIGNATURE _____ DATE _____