



HIGH SCHOOL RETREAT
Feb. 26, 2010 4PM – Feb. 28, 2010 2PM
Parental Permission & Release Form

Event Information

WHERE: San Damiano Retreat – 710 Highland Dr, Danville, CA 94526, (925)837-9141
COST: Application and payment of **\$170** per student due by Sunday, January 31, 2010.
Applications can be turned in to the student’s CM teacher. Make checks payable to “SJCCC”.

Participant Information

PARTICIPANT’S NAME: _____ EMAIL: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

PARISH: ST. CLARE’S PARISH BIRTHDATE: _____ GRADE: _____ GENDER: _____

PARENT/GUARDIANS’ NAME: _____ HOME PHONE: _____

PARENT EMAIL: _____ WORK/CELL PHONE: _____

DOCTOR’S NAME: _____ DOCTOR’S PHONE: _____

INSURANCE COMPANY: _____ POLICY #: _____

Are there any known allergies to food or medications that those who work with your young person 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 from **February 26 4:00 PM – February 28 2:00 PM** at **San Damiano Retreat, 710 Highland Dr, Danville, CA 94526**. 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: _____