



# LIFE TEEN HIGH SCHOOL RETREAT

@ MOUNT HERMON CONFERENCE CENTER, FELTON

FRIDAY, NOVEMBER 18 to SATURDAY, NOVEMBER 20, 2016 (2PM)

**Cost: \$125.00**

Includes: 6 Delicious meals from Friday Dinner to Sunday Lunch, lodging, special retreat T-Shirt, powerful witness talks, live praise and worship band, Saturday and Sunday Mass, Sacrament of Reconciliation, fun activities, messy games and more!

**Why?:** We know high school can be stressful during the Fall season. That's why STAY wants to bring you a weekend away with Christ, new/old friends, and the confidence in knowing .God is with you in your journey. Dedicate this weekend to renewing your faith. You won't regret it!

**Money an Issue?** No youth will ever be denied from a retreat because of financial hardship. We WANT you to be a part of this. Talk to Chris!

Make checks payable to:  
**St. Thomas Aquinas Parish**  
3290 Middlefield Road  
Palo Alto, CA 94306  
650.494.2496 ext.21  
[cmardesich@dsj.org](mailto:cmardesich@dsj.org)

*Download Permission slip on Website*  
*Turn in Permission Slip, payment by Sunday,*  
*November 13th , 2016*



# St. Thomas Aquinas Life Teen High School Retreat Permission Slip

**Mount Hermon Conference Center**  
37 Conference Dr, Mt Hermon, CA 95041

**November 18- November 20**

Arrive at Our Lady of the Rosary Parking Lott at 5:15pm and returning Sunday afternoon at 3:00pm

**\$125 Per Participant**

Must be paid prior to retreat. Payment can be submitted to the Pastoral Center Office

**November 13, 2017**

Permission Slip and Retreat Fee Due

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Allergies/ Dietary Needs: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

I can provide transportation for retreat participants (Check One) :  Yes  No

I can provide transportation for ( # of Participants): \_\_\_\_\_ and drive on:  Friday  Sunday

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Participant Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I, the parent (guardian) of the above named Child, hereby, give my permission for his/her participation in St. Martin of Tour's Confirmation Retreat. I agree to direct my child to cooperate and conform with the directions and instructions of the parish, school or Diocesan personnel responsible for the activity.

I have medical insurance that would cover any hospital, medical and related costs and expenses in the event of illness or accident of an emergency nature. In the event my child is injured or becomes ill and requires emergency medical attention any resulting hospital, medical or related costs and expenses will first be paid by the medical insurance or benefit plan of mine or my spouse.

I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

I, hereby give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

Execution of this document is not a waiver of any rights against any responsible party in the event of an accident caused by a third party, including an employee of the Diocese of San Jose.

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE