

**St Jude Emmaus Retreat April 29-May 1 2016
Newman Center-Danbury CT
Candidate Application**

NAME (Last, First):

NICKNAME:

STREET ADDRESS:

BIRTHDATE:

CITY, STATE, ZIP CODE:

HOME PHONE:

CELL PHONE: (parent)

CELL PHONE: (yours)

E-MAIL: (parent)

E-MAIL: (yours)

SHIRT SIZE S - - M - - L - - XL - - XXL - - XXXL - -

Briefly explain what makes you interested in being on this Emmaus: _____

What musical instrument do you play: _____

Are you Roman Catholic? (Circle one) YES NO

To what Parish do you belong? _____

School Attending

Grad year

SIGNATURE: _____

COST

The cost of the weekend is \$85.00 required with this application. (If you would like to support our weekend further, you are encouraged to do so.) Please make checks payable to: ST. JUDE

YOUTH GROUP and send to:

ST. JUDE PARISH
C/O Ed DiMaria
707 MONROE TPKE.
MONROE CT 06468

***RSVP WITH DEPOSIT BEFORE 3.26.16

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Permission Slip and Information Sheet

Candidates and Teen Team Members will need to be dropped off at St. Jude's Social Hall, Friday, April 29 at 3:00pm. Retreat Closing will be held at Immaculate High School Chapel at 11:00am Sunday May 1st 2016.

(NAME)

has my permission to attend the Saint Jude Emmaus 2016 Retreat, held at Newman Center, Danbury, CT. I understand that Saint Jude Parish is in no way responsible for any accident or injury that may occur to my child while on this retreat. I also understand that if my teen becomes a problem, I may be called and be responsible to pick them up early.

signature of parent/ guardian

******* Each Candidate and Parent/Guardian MUST complete a Field Trip Parent/Guardian Consent Form and Liability Waiver and Waiver for Medical Attention per Diocese Policy .*******

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**FIELD TRIP PARENTIAL/GUARDIAN CONSENT FOR
AND LIABILITY WAIVER**

Participant's name: _____
Birth date: _____ Gender: _____
Parent/Guardian's name: _____
Home address: _____
Home Phone: _____ Business/Cell Phone: _____

I, _____, grant permission for my child,
PARENT/GUARDIAN'S NAME

_____, CHILD'S NAME

to participate in this parish youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from St Jude Parish

A brief description of the activity follows:

TYPE OF EVENT: Emmaus Youth Group Retreat
DESTINATION OF EVENT: Newman Center, Danbury, CT
INDIVIDUAL IN CHARGE: Fr Michael
ESTIMATED DEPARTURE TIME AND RETURN: Depart Friday April 24 at 3:00 pm - ends Sunday May 1st at 1
Immdeiatey following Closing –parents will be responsible for transporting Candidates home from Newman center
MODE OF TRANSPORTATION TO AND FROM EVENT: Bus to Newman Center Friday April 29th at 3pm;
parents responsible for transport home after closing ceremony Sunday May 1st.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St Jude Parish, its officers, directors and agents, and the (Arch)Diocese of Bridgeport, chaperones, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

SIGNATURE _____ DATE _____

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WAIVER FOR MEDICAL ATTENTION

PARTICIPANTS NAME _____
NAME _____ RELATIONSHIP _____
EMERGENCY PHONE # _____
FAMILY DOCTOR _____ PHONE _____
FAMILY HEALTH PLAN CARRIER _____
POLICY # _____

***** Please specify any allergies, physical conditions or health problems that we may need to know about:

SIGNATURE _____ DATE _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.
(Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, **CONTACT:**

SIGNATURE _____ DATE _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the _____,
(ARCH)DIOCESE
chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect **(with phone charges reversed to myself).**

SIGNATURE _____ DATE _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: _____

SIGNATURE _____ DATE _____

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No Medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

SIGNATURE _____ DATE _____

I hereby grant PERMISSION for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

SIGNATURE _____ DATE _____

Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

SIGNATURE _____ DATE _____