BOYS RETREAT #94

FOR ALL BOYS 9TH - 12TH GRADE

SACRED HEART DEDEAUX RETREAT CENTER
14595 VIDALIA RD.
PASS CHRISTIAN, MS 39571

FRI MAR 3 -
SUN MAR 5
2023

COST: $60

CONTACT
DESMOND HODA
(228) 493-8817
DWHDC2@GMAIL.COM

14595 Vidalia Road
Pass Christian, Mississippi 39571
Office Phone: 228-255-7560

Name: ________________________________ Date: ____________ Birthday: ___________________

Age: ________________ Grade: __________ School: ______________________________________

Address: ____ City: ___________________________

State: ___________________ Zip: ________________ Candidate's Phone: ______________________

Parents/Guardians: ____

Parent's/Guardian's Phone: ____

Address(if different from above): ____

Parish: ____

Retreat: Boy's Retreat #94

Retreat Date: March 3rd -5th, 2023

Time of Arrival: Friday 6:00PM

Retreat Ends: Sunday at 3PM (Closing Ceremony)

Family is encouraged to attend closing.

Suggested Donation: $60

Things to Bring:
- Comfortable, casual clothes
- **One "Sunday" outfit for Closing**
- Wash cloths/towels, blankets, sheets, pillow, pillowcases, shower shoes
- Soap/personal toilet items
- Prescription medications
- Musical instruments (guitar, etc.)
- Flashlight

Things Not to Bring: Radios, iPod, televisions, food, watches, Apple watches, and cell phones

Parental Consent: All attached parental consent forms must be filled out and returned. Parent Request to Participate must be notarized,

Diocesan Policy Concerning Supervision of Youth Trips & Other Functions
PARENT REQUEST TO PARTICIPATE & MEDICAL RELEASE FORM
(Notarize for Overnight Trips Only)

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a church/school-sponsored event. This activity will take place under the guidance of Desmond Hoda.

A brief description of the activity follows:

Name of Event: Sacred Heart Boy's Retreat # 94

Destination: Sacred Heart Retreat Center 14595 Vidalia Road Pass Christian, MS 39571

Designated Supervisor of Activity: Desmond Hoda

Date and Time of Departure: March 3rd – 5th, 2023

Method of Transportation: N/A

Approximate Cost: $ 60.00

If you would like your child to participate in this event, please complete, sign, and return the following statements of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

I hereby consent to participation by my child, ______________________________________
In the event described above. I understand that this event will take place away from the church/school grounds and that my child will be under the supervision of the designate chaperons on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. On behalf of myself and my child, I acknowledge that a risk of exposure to COVID-19 exists in any public place where people are present and I voluntarily assume all risks related to exposure to COVID-19. I hereby indemnify and agree to forever hold harmless the Diocese of Biloxi, as well as its employees, administrators, trustees, Bishops, priests, attorneys, agents, and affiliated persons and entities from any and all claims which in any way relate to this event and potential or actual exposure to COVID-19, including claims for negligent exposure, negligence, and all related claims. I also consent to allow my child to be photographed for the diocesan newspaper and online website.

____
Print Parent's Name Cell Phone Email

____
Parent's Signature Date

SWORN TO and subscribed before me on this ________ day of ___________ 20________

____
NOTARY PUBLIC
(Seal)

My commission expires: _____________________________

Diocesan Policy Concerning Supervision of Youth Trips & Other Functions

MEDICAL RELEASE AND INFORMATION FORM

(Medical Information for Overnight Trips/Retreats Only)

Name of participant____ DOB ______________

Medication presently on (Name and dosage for each)

____

____

____

Allergies (Foods, Medication, etc.):

____

____

____

Any other Medical conditions (asthma, diabetes, seizures etc.)

____

____

____

Date of last tetanus shot ____________________________________

____

Parent contact: Work Phone Cell Phone Email:

____

Contact Person (alternate) Home Phone Work Phone Cell Phone

I hereby give my permission for my child to be administered medical help in case of an emergency. If you have medical insurance please indicate the following:

Insurance Company: ___________________________ Phone: _____________________

Policy Name: ___________________________ Policy Number: _____________________

Family Doctor: _________________________________ Doctor's Phone Number: _______________

Parents(s) Guardian(s) signature __________________________________ Date: ___ / ___ / ______

Sworn To and subscribed before me on this _______ day of _________ 20____________

____

Notary Public (seal)

My commission expires: _______________