



9th Grade Retreat at Camp Friendship!

Our theme will be Community and focusing on tolerance, respect, and love thy neighbor.

Here's the details:

When: Sunday, October 9 from 10:30 - 5:00 pm.

We'll ask parents to join us for mass and then teens will do their thing afterwards.

Who: All 9th graders (yes, part of the requirements) and we ask for some adult chaperones (no cost for them).

Bring: A sack lunch and wear grubby clothes as well as outdoor gear for going outside for a long time period.

***Cost: \$40.00 for an outdoor challenge course, bus ride to/from Camp Friendship in Annandale, MN. Please return your check, made out to St. Joseph, and the attached consent form to the church by Wednesday, Sept. 23 (Gr. 7-10 kickoff night 6:30-7:30).**

Questions? Please call Mary Pehoski or Denise Walsh at 651-784-3015 or email DeniseW@SaintJosephsParish.org.

***Nobody is turned away when finances are tough. Please just indicate that you are requesting a fee waiver.**

Parental Consent Form and Indemnity Agreement
for Saint Joseph's Parish

Participant's Name _____
Birth Date _____ Parent/Guardian's Name _____
Home Address: _____ City _____ Zip _____
Home Phone: (____) _____ Cell: (____) _____ Work Phone (____) _____

Date/Type of Event: Sunday, October 9, 2011 / 9th Grade Retreat
Destination: Camp Friendship
Individual In Charge: Denise Walsh
Estimated Time of Departure/Place: 12:00 Noon/St. Joseph's Parish
Estimated Time of Return: 5:00 PM
Mode of Transportation to and from Event: Bus

I _____, grant permission for _____
(Parent or Guardian's Signature) (Child's Name)
to participate in the above activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school and the Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/law suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above number, contact: _____ at _____
(Name) (Phone Number)

OPTIONAL MEDICAL INFORMATION:
Allergies, Medical or Other Concerns: _____

Medication my child is taking at present: _____

Name of Insurance Provider & Policy Number: _____
Family Doctor: _____ Phone Number: _____

As a parent or guardian, I agree to all of the above stated considerations and conditions.