



# Devoted

## A Middle School Mini-Retreat

**What:** Skits, small groups, games, movie, food, friends and Jesus!

**When:** Sun, April 8<sup>th</sup> from 11:30-4:00 pm

**Who:** Bring your friends – open to everyone 6-8<sup>th</sup> grade

**Where:** St. Elizabeth Parish Center, 512 N. Union St., Tecumseh

**Cost:** \$15<sup>00</sup>

Put on by: St. Elizabeth's Core Team

## Parent/Guardian Registration Form for Devoted

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a St. Elizabeth parish sponsored activity. This activity will take place under the guidance and supervision of authorized personnel from St. Elizabeth Parish. A brief description of the activity follows:

**Name of Event:** *Devoted: A Middle School Mini-Retreat*

**Cost:** *\$15 (checks payable to St. Elizabeth Church)*

*Lunch included*

**Location:** *St. Elizabeth Parish Center*

**Date and Time:** *Sunday, April 8<sup>th</sup> from 11:30 am – 4:00 pm*

**Designated Supervisor of Activity:** *Heather Marsh, Coordinator of Youth Ministry*

**Emergency Phone Number:** *Heather: 517-918-5725; Parish Office: 517-423-2447 x6*

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and acknowledgment. As parent or legal guardian, you remain responsible for any legal responsibility which may result from actions taken by the named student. This section is for your information.

Return bottom portion with payment. **Registration must be returned by Wednesday, April 4th**

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### Registration Form for Devoted

I hereby consent to participation by my son/daughter \_\_\_\_\_ in **Devoted**. I understand that this event will take place on the parish grounds and that my son/daughter will be under the supervision of the authorized parish personnel (as indicated above) on the stated date. I consent to the stated conditions for participation in this event. I further understand that if my child chooses behavior that is inappropriate, I may be requested, at my expense, to remove my child from the program.

\_\_\_\_\_  
(print parent's name)

\_\_\_\_\_  
(parent's signature)

\_\_\_\_\_  
(date)

Emergency Contact name and phone number: \_\_\_\_\_

Medical concerns, medications or allergies that the supervisor should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Optional:** I grant permission for non-prescription medication (e.g. Tylenol, throat lozenges) and routine nonsurgical medical care to be given to my child, if deemed advisable by the parish personnel supervising the trip.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Yes, I would like to chaperone!

Name \_\_\_\_\_

Best Phone \_\_\_\_\_