

STOP Retreat Registration

Saturday, March 12th 2022

Saint Margaret Mary
Ministry Center
113 South Hubbard
Algonquin, IL 60102

Camper's Name *

First Name Last Name

Birthdate *



Month Day Year

Gender *

Female

Male

Current Grade: *

Parent/Guardian Name *

First Name Last Name

Family Email *

example@example.com

Family Daytime Phone Number *

Area Code Phone Number

Family Evening Phone Number *

Area Code

Phone Number

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Medical and Permission Form

I grant permission for the administration of First Aid to my youth by the people in charge of the event, and those transporting my child to and from the event as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery deemed necessary for my child.

Allergic to any medications? *

Yes

No

If yes, please explain: *

Please list any other allergies (food, insect bites, etc.): *

Medications participant is currently taking: *

Authorized physician *

Physician Phone Number *

Area Code

Phone Number

In case of emergency, we will contact the parent/guardian named above first. We ask that you provide an alternate contact just in case.

Alternate Emergency contact: *

First Name

Last Name

Emergency contact phone number: *

Area Code

Phone Number

I give permission for my son/daughter to attend

STOP Retreat
Saturday, March 12th

I hereby release and indemnify my parish, St. Margaret Mary in Algonquin, IL its staff, volunteers and the Diocese of Rockford from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in

this event.

Videotaping and Still Photographs

Video and still photographs may be taken during this event. This authorization form constitutes permission for my youth's participation in the videotape and or still photographs, which may be used for future promotional efforts, including the Diocese of Rockford website and St. Margaret Mary website.

Code of Behavior

As a participant in this event, he or she is representing our parish during this event and we expect he/she will represent us well. We expect that he/she will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our diocese.

Some expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times.
3. Inappropriate language/ behavior will not be tolerated.
4. Socializing should always be done in public.
5. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
6. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
7. Smoking is not permitted.
8. Weapons and/or drug paraphernalia are not allowed.
9. If under the age of 18, prescription drugs need to be given to an adult for storage and distribution.
10. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring dismissal, I am responsible for my removal from the premises and any costs involved.

If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Date *



Month Day Year

Payment

The cost for the STOP retreat is \$10. This fee is non-refundable.

Please follow the link to submit your payment on GiveCentral. Once you have paid, please click the submit button below to complete you registration.

[GiveCentral](#)

