

High School Crossroads Retreat

HOLY TRINITY AND HOLY SPIRIT YOUTH GROUP PERMISSION FORM

The Holy Spirit Youth Group will be going to Crossroads High School Retreat

Date: Saturday, August 21st, 2010

Cost: \$15 – Please make check out to Holy Trinity

Appropriate Attire: Comfortable clothing; no inappropriate images or words

Meeting time: 9:00 am

Drop Off Location: Crossroads Retreat Center
1226 West Oak Street

Approximate pick up time: 2:00 pm

Pick Up Location: Crossroads Retreat Center

Student needs to bring: Themselves!

**Please include a general health form with this permission slip if one has not already been turned in for a previous youth group event.

(Cut and return bottom portion to John Brockmeier)

HOLY TRINITY AND SPIRIT PARISH EVENT PERMISSION FORM

I request that Holy Trinity and Spirit Youth Group allow my child to participate in the following activity.

I give my permission for (child's name) _____ to attend and participate in: **Crossroads High School Retreat**

Date: **Saturday, August 21st, 2010**

I understand that this field trip is designed to foster community amongst Youth Group members. In consideration of permitting my child to participate, I hereby release and save harmless the Parish of Holy Trinity and Holy Spirit Churches, the Director of Youth Ministry and any Youth Leaders any and all liability for any injuries, loss, or other claims arising or resulting from this trip.

Parent's signature _____ Date _____

EMERGENCY PHONE NUMBER(S): _____

I would like to chaperone this trip: YES or NO

If yes, best method of contact: _____