

# 4th Grade Girls Retreat 2019

## Information for Parents

**Retreat Center:** Corpus Christi (address: 80 David St South River NJ 08882)

**Date & Time:** March 8<sup>th</sup>, March 9<sup>th</sup> and March 10<sup>th</sup> (Friday at 6pm – Sunday at 11:00am)

**Meeting:** Drop off by parent or guardian at Corpus Christi on March 8<sup>th</sup> 6pm SHARP and Pick up by parent or guardian at Corpus Christi on March 10<sup>th</sup> 11:00am SHARP [FRONT DOOR of building]

**Price:** \$65 (Includes food and lodge)

**Any questions?** Marina Youssef (732) 853-5182

- *Checks should be made payable to “St. Mary Church”*
- ***PLEASE COMPLETE THE ATTACHED WAIVER AND PERMISSION SLIP  
THANK YOU***

Please **DO NOT** bring a Cell Phone or electronic entertainment device such as and ipad...

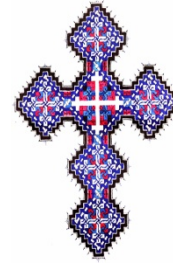
Please make sure to pack the following:

- **A Bible**
- **Agpeya**
- **Comfortable and warm clothing**
- **Sneakers**
- **A mind to learn and a heart to change!**

Please turn to the following page for permission slip...



*St Mary Coptic Orthodox Church*  
*East Brunswick, New Jersey*



**4<sup>th</sup> Grade Girls Retreat: Friday March 9<sup>th</sup> (6pm) – Sunday March 10<sup>th</sup> (11:00am)**

I hereby give permission to \_\_\_\_\_ to participate in the above-described activity organized by St. Mary Coptic Orthodox Church of East Brunswick, New Jersey [the Church].

As the parent/guardian of the above-named child, I fully realize that there are risks inherent in the student's participation in this activity and I assume all such risks. Accordingly, I intending to be legally bound, hereby release and hold harmless the Church, its clergy, servants, agents and volunteers from any and all liability as a result of the student's participation in the activity, or any injury, loss, damage or incident occurring during my child's participation in the activity regardless of any negligence on the part of Church, its clergy, servants, agents and volunteers.

Furthermore, I also grant the Church, its clergy, servants, agents and volunteers full authority to take whatever action it considers warranted under the circumstances for the student's health and safety. Specifically, in case of a situation requiring medical treatment, I authorize the Church, its clergy, servants, agents and volunteers, at its discretion and at my expense, to place the above-named child in a hospital for medical services and treatment, or if no hospital is available, to obtain medical service and treatment from a doctor. In obtaining, authorizing, and supervising such medical service and treatment, the Church, its clergy, servants, agents and volunteers shall have the discretion to act in the same manner and with the same authority as I could act if present. This authorization is given with the understanding that if a situation arises requiring medical treatment, the Church, its clergy, servants, agents and volunteers will immediately attempt to notify the student's parent/guardian or emergency contact person named below and will continue in its efforts to notify the parent/guardian or emergency contact person until it has succeeded in doing so.

Child's  
 Name: \_\_\_\_\_ 5<sup>th</sup>  
First Name Last Name

Name of father or  
 mother: \_\_\_\_\_

Emergency  
 Contact: \_\_\_\_\_  
Name Home Phone # Cell Phone #

Does your child have a medical condition such as asthma, or on any medication that will require special attention? (please explain) \_\_\_\_\_

Does your child have any food allergies? (please explain) \_\_\_\_\_

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 DATE



**St. Mary Coptic Orthodox School, South River, NJ**

*Telephone 732-254-0847*

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## **RETREAT LIABILITY RELEASE FORM**

The undersigned do hereby release, discharge and agree to hold harmless St. Mary Coptic School., from and against any and all liability, claims, demands, lawsuits and expenses of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or participant (if participant is under 18, 18 or older).

The undersigned further agree to indemnify and hold St. Mary Coptic School and their respective members, directors, employees, servants, and volunteers (collectively, the "Indemnities,") harmless from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney fees and expenses and costs sustained by the Indemnities as a result of negligent, willful or intentional acts of the undersigned and/or participant (if participant is 18 or under, 18 or older). If participant is under 18 years of age, I, the parent or legal guardian of the participant, do hereby grant permission for my child to participate fully in the St. Mary Coptic School Retreat and all of its activities. In the event that neither the chaperone nor I can be reached, I hereby give permission to the agents St. Mary Coptic School to take said participant to a doctor or hospital and hereby authorize medical treatment.

**This form MUST be signed by ALL participants.  
If participant is under 18, parent or legal guardian must sign.**

**Print Name of Participant:** \_\_\_\_\_

Parent Name \_\_\_\_\_

**Are you under 18 years old:** \_\_\_ Yes \_\_\_ No

Age \_\_\_\_\_ Sex: Male Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Parent Cell # \_\_\_\_\_

**Each Retreat / Group Leader acknowledges responsibility that all Release Forms are signed, filled out, and turned in prior / upon group arrival to the retreat center.**

**NOTE: ANY PARTICIPANT UNDER 18 YEARS OF AGE MUST HAVE :**

**(1) A DESIGNATED LEADER/CHAPERONE (1 leader to 6 participants) and**

**(2) WRITTEN PERMISSION SIGNED BY A PARENT OR LEGAL GUARDIAN IF PLANNING TO LEAVE THE RETREAT DURING RETREAT HOURS. (Chaperone must accompany minor with note to door monitor)**

***Date:***