St. Mary Coptic Orthodox Church East Brunswick, New Jersey

h and 5th Grade Winter Retreat 2018

Information for Parents

Retreat Center: America's Keswick (https://americaskesick.org) Whiting, NJ

Date & Time: December 26th, December 27th and December 28th (departure on Monday 8am and return on Wednesday)

Drop off and Pick up: Drop off by parent or guardian at Church on December 26th 8am SHARP and Pick up by parent or guardian at Church on December 28th

Please COMPLETE THE PERMISSION SLIP THANK YOU!!

Price: \$110.00 (Includes food and lodge)

Any questions? Meriam Youssef 908-391-0610

• CASH is preferred but Checks should be made payable to "St. Mary Church"

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

Please make sure to pack the following:

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

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



St. Mary Coptic Orthodox Church

East Brunswick, New Jersey

4th and 5th Grade Winter Retreat- America's Keswick: Drop off and pick up December 26th to December 28th at church

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 4th/5th Name: Last Name First 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)

DATE

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

Parent Signature