



St. Mary Coptic Orthodox Church

East Brunswick, New Jersey



5th Grade Girls Retreat 2018

Information for Parents

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

Date & Time: March 23rd, March 24th and March 25th (Friday at 7pm – Sunday at 11am)

Meeting: Drop off by parent or guardian at Corpus Christi on March 23rd 7pm SHARP and Pick up by parent or guardian at Corpus Christi on March 25th 11am SHARP [FRONT DOOR of building]

COMPLETE THE PERMISSION SLIP AND CORPUS WAIVER THANK YOU!!

Price: \$65 (Includes food and lodge)

Any questions? Marina Youssef (732) 853-5182

- *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 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 AND COPRPUS WAIVER
THANK YOU...**



St. Mary Coptic Orthodox School, South River, NJ
Telephone 732-254-0847

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: