

5th Grade Boys Retreat 2017

Information for Parents

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

Date & Time: March 3rd, March 4th and March 5th (Friday at 7pm – Sunday at 10:30 am)

Meeting Information:

Drop off by parent or guardian at Corpus Christi on March 3rd at 7:00pm SHARP

Pick up by parent or guardian at Corpus Christi on March 5th at 10:30 am SHARP

[FRONT DOOR of building]

Price: \$60 (Includes food and lodge)

Any questions? Please contact Meriam Youssef at (908) 391-0610

- *Checks should be made payable to “St. Mary Church”*

Please DO NOT bring a Cell Phone or electronic entertainment device such as Tablets and iPad...

Please make sure to pack the following:

- A Bible
- Agpeya [Book of Prayers / Memorization Sheet]
- Comfortable and warm clothing
- Sneakers
- Towel, Soap, Shampoo/ Conditioner, hair comb...
- A mind to learn and a heart to change!

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



*St Coptic Orthodox Church
East Brunswick, New Jersey*



5th Grade Retreat: Friday March 3rd (7pm) – Sunday March 5th (10:30am)

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 recognize 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 child'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:

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