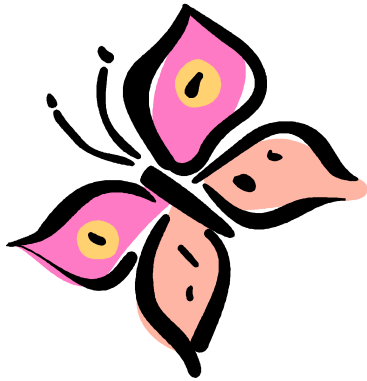




# Saintly Sisters

## Retreat 2012



WHEN: SAT & SUN, FEB 25 & 26

TIME: 1pm Saturday – 1pm Sunday

WHO: 7th - 9th Grade Sacred Heart ladies

WHERE: Sacred Heart Youth Hall

COST: \$25 (includes Retreat T-Shirt, meals/snacks, & book)

**DEADLINE: MON, FEBRUARY 13!**

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## \*REGISTRATION PACKET\*

Complete each page **CAREFULLY** and return packet to the Pastoral Center Office.  
PLEASE PRINT CLEARLY - \*NOTE: ONLY MEMBERS OF SACRED HEART ARE ELIGIBLE TO REGISTER\*

Participant Name: \_\_\_\_\_

Street, City, Zip: \_\_\_\_\_

Parent Names: \_\_\_\_\_

Parent Cell # \_\_\_\_\_ Student Cell # \_\_\_\_\_

Parent/Participant Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Adult T-Shirt Size: \_\_\_\_\_ Grade: \_\_\_\_\_

Office Use Only: Date received \_\_\_\_\_ Fee amount received \_\_\_\_\_ cash / check \_\_\_\_\_

Diocese of Fort Worth and/or the Parish of Sacred Heart (Wichita Falls)
Consent to Participate and Consent for Emergency Medical Treatment

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_
Parent or guardian's name Participant's Name
to participate in the below described parish event. This activity will take place under the guidance and direction of parish employees
and/or volunteers from the above named parish.

A brief description of the activity follows:

Description of event: Sainly Sisters Retreat

Date of event: Saturday – Sunday, February 25 & 26, 2012

Destination of event: Sacred Heart Youth Hall

Individual(s) in charge: Cassie Erazo, Cyndi Trivette, Angie Dunn, Micaela Salas, Lisa McCarthy & Lauren Morath

Estimated time of departure and return: Retreat begins at 1:00 PM on Saturday and will end after the 12:00 noon Closing
Mass on Sunday.

Mode of transportation to and from event: Transportation to/from event is the responsibility of the participant

During this event, I give permission for either of the adults named above in charge of the event
to consent to emergency medical or surgical treatment for \_\_\_\_\_
Name of minor

There are no changes to insurance or medical information since I last filled out Form A for my child named above.

The following changes to insurance and medical information since I last filled out Form A for my child named above are:

If Guardian of Conservator is signing this consent form, please state the name of parent, if known \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Cell \_\_\_\_\_ Do you text? \_\_\_\_\_

Please Print Parent/Guardian/Conservator Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Do you text? \_\_\_\_\_ Home Phone \_\_\_\_\_

Signature of Parent/Guardian/Conservator: \_\_\_\_\_ Date \_\_\_\_\_

This form "CONSENT TO PARTICIPATE and CONSENT FOR EMERGENCY MEDICAL TREATMENT" must be attached to the
Parent/Guardian/Conservator Permission, Liability Waiver, and Medical Information (FORM A) for each event attended. Forms A and B
must travel to and from each trip away from the church. Forms OA and OB are required for all Out of State events.