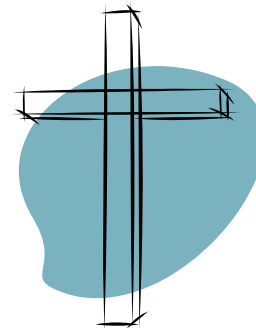


# ONE...

## In Christ



# ONE...

## In Mission

### An Afternoon Retreat with Musicians

**Jon La Roche and Mike Casey** (from Catholic Heart Workcamp!)  
**January 23, 2010 at St. Peter's in the Parish Center**  
**(cafeteria) from 1:00-5:00pm**  
**(We will end with 4:00 Mass at St. Peter's.)**

*Adult Chaperones/small group leaders needed! Contact the Youth Ministry office for details.*

Detach here and return to the Youth Ministry office

**ONE Retreat Registration Form**

**PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT**

**CHILD/WARD:** \_\_\_\_\_

**PARISH:** St Peter's/St Mary's Youth Ministry

**DESIGNATED SUPERVISOR OF ACTIVITY:** Youth Minister and Adults whom she designates

**ACTIVITY:** ONE retreat at St. Peter of Alcantara, Port Washington

**DESCRIPTION OF ACTIVITY:** Retreat

**DATE AND TIME OF ACTIVITY:** January 23, 2010; 1:00pm—5:00 pm

**METHOD OF TRANSPORTATION:** N/A

I consent to the participation of my CHILD/WARD in the above named ACTIVITY. In Consideration for my CHILD/WARD's participation, I agree to reimburse and indemnify the PARISH (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by PARISH in defending a lawsuit that I or my CHILD/WARD may bring against the PARISH which relates to the above named ACTIVITY if the PARISH is found not legally liable by the courts and prevails in the lawsuit. If the PARISH is found legally liable for injuries sustained by CHILD/WARD, this paragraph will not apply. I certify that I have an understanding of this agreement and any risks and hazards associated with the ACTIVITY described above that my CHILD/WARD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH to clarify any concerns or questions about the ACTIVITY or this agreement that I may have had.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

Home \_\_\_\_\_ Cell \_\_\_\_\_  
Phone Numbers

Please furnish medical information about your CHILD/WARD, which may be pertinent to his or her participation in the above-identified activity: \_\_\_\_\_

\_\_\_\_ **Yes! I would love to help by being an Adult Chaperone/Small group leader!**

RETURN BY January 18<sup>th</sup>, 2010 - SPACE IS LIMITED!