



*St. Cletus Mission Trip
Solsberry Hill Retreat Center
Solsberry, Indiana
July 29-August 3, 2012*

Our week will be focused on the Catholic retreat center's four pillars of prayer, simplicity, service, and community. We will be serving the poor in three different counties with providers such as Habitat for Humanity, Catholic Worker House, Catholic Relief Services, local food banks and soup kitchens, and other similar organizations. We will celebrate Mass during the week and will work with college students from the University of Dayton to help plan evening prayer for our group.

- Registration will be accepted on a first-come, first-serve basis. Limited spaces are available, so register early! You may be placed on a waiting list.
- Our group will have exciting **mandatory** meetings several months in advance to prepare for our trip.
- Teens are expected to fundraise for our group's expenses by selling Fannie May Candy, etc.
- Adult chaperones are needed.
- Permission slips and \$125 non-refundable deposits made payable to St. Cletus Youth Ministry must be returned to Kristen Maxwell by **January 9th**. Call 215-5419 or email kmaxwell@stcletusparish.com with any questions.

**St. Cletus 2012 Mission Trip
July 29 – August 3, 2012
Solsberry Hill Retreat Center
Solsberry, Indiana
Parental Permission/Release Form**

I/We, _____, the Parent(s)/

Guardian(s) give my child _____ permission to participate in the Solsberry Hill Mission Trip in Indiana. I/We understand that the group will be traveling by van to and from Indiana. In giving my permission, I hereby agree to RELEASE, INDEMNIFY AND HOLD HARMLESS St. Cletus Parish, their employees and agents, the Archdiocese of Chicago and the Catholic Bishop of Chicago, (a Corporate Sole) from ANY AND ALL LIABILITY WHICH MAY ARISE FROM MY CHILD'S PARTICIPATION IN THE ABOVE MENTIONED EVENT. Liability to extend to any accidents, illnesses or injuries (including the possibility of death) which may either directly or indirectly befall my child while participating in the above mentioned event.

In the event that a medical emergency shall befall my child during the time period of July 29 – August 3, 2012, I now provide the responsible adults accompanying this group, or other appropriate staff member the acting Power of Attorney, to initiate and oversee any emergency care that may be deemed necessary on my child's behalf, until a time when I may be present to authorize the same. To assist in the administration of such care, I now provide insurance and medical information which may be necessary:

Insurance Co. _____ Policy # _____

Policy in name of _____

Allergies/Specific Medical Conditions _____

Please list all prescription drugs that will need to taken during this trip. Please indicate whether or not your child can administer the medication him/herself or if an adult is needed.

I grant permission for the adult chaperones for this event to administer non-prescription drugs as needed for my teen (aspirin, ibuprofen, antacids, etc.) Yes No

I authorize St. Cletus Parish to use photographs/videos of my child for productions, publications, etc. Yes No

By placing my signature, I hereby attest that I have read, understand and agree to ALL of the above provisions. Additionally, I have enclosed my \$125, **nonrefundable deposit** to hold my place for the summer mission trip 2012.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Home Phone: _____ Parent Cell Phone(s): _____

Address _____

Email: _____