

**The St. Aloysius Youth Group Presents...**

# **ACTION!**

## **Fall Retreat 2009**



**JESUS**

**Who: 9th-12th Graders**

**FRIENDS**

**GAMES**

**Where: Camp Istrouma**

**SCAVENGER HUNT**

**PRAISE**

**When: September 5-7**

**MUSIC**

**BONFIRE**

**Cost: \$85**

**Capture the Flag**

**And**

**Introducing...**

# **THE BLOB!!**

For More Info & To Sign Up Contact:  
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St. Aloysius Youth Group  
Fall Retreat September 5 - 7  
Cost: \$85 Location: Camp Istrouma  
Consent Form and Liability Waiver

Participant Information (PLEASE PRINT)

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian Information (PLEASE PRINT)

Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ (mom) \_\_\_\_\_ (dad)  
Cell Phone: \_\_\_\_\_ (mom) \_\_\_\_\_ (dad)  
\*\*\*Are you willing to chaperone (circle one)? Y N

Emergency Contact Information (PLEASE PRINT)

Name: \_\_\_\_\_  
Relation to Participant: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Medical Information (PLEASE PRINT)

Allergies/Medical Concerns: \_\_\_\_\_  
Date of Last Tetanus Immunization: \_\_\_\_\_  
Physical Limitations: yes/no Explain: \_\_\_\_\_

I grant permission for my child to fully participate in this youth ministry event including swimming in the lake and jumping on the Blob and water park at Camp Istrouma. I understand that this event will take place under the guidance and supervision of parish volunteers of St. Aloysius Parish.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Aloysius Parish, its officer, directors, employees and agents, and the Diocese of Baton Rouge, its employees and agents, chaperones with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Baton Rouge, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury, or damage, unless such claim arises from the negligence of the parish or diocese.

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

**MONEY AND FORM ARE DUE BY August 25th NO EXCEPTIONS!!!!**  
**Space will be limited to the first 65 participants to register!**  
**Should you have to withdraw, we will be unable to refund the money.**