



NET MINISTRIES

CHALLENGING YOUNG CATHOLICS TO LOVE CHRIST AND EMBRACE THE LIFE OF THE CHURCH

NET RETREAT



INSPIRING
DRAMAS

UPLIFTING
PRAYER

EXPERIENCE GOD

GREAT MUSIC

FUNNY SKITS

Your NET Retreat :

Who's Invited: Young People in Grades 7-8

When/Where : March 3-4, 2012 @ The Gilmory Retreat Center

For More Info: Contact :- Anthony Bradley Email: abradley@saintkilian.org



The NET Team

National Evangelization Teams are Catholic young adults from around the U.S. (and beyond) who travel across the country conducting retreats for Catholic young people just like you!

Diocese of Pittsburgh
Secretariat for Catholic Education
Department for Youth and Young Adult Ministry
Middle School Retreat
Saturday, March 3, 1:00pm through Sunday, March 4, 4:00pm

All students in grades 7-8 are encouraged to participate
Individual registration is \$80 per person along with this completed form

Name	Age	Sex
Address	City	State Zip
Parish	Grade	Birthdate
Phone	Parents' E-mail	

REGISTRATION MUST BE IN 7 DAYS PRIOR TO THE DATE OF THE EVENT

PERMISSION

I/we, the parents or guardians of the above-mentioned child, for myself/ourselves and for my/our child, give permission for my/our child to participate in the above-mentioned event on the above written date.

MEDICAL AUTHORIZATION

In the event of any injury or illness to my/our child during his/her participation in this event, I/we hereby give my/our permission for the necessary medical treatment to be given to my/our child. I/we agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to the Catholic Institute or the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

Parent/Guardian Signature	Parent/Guardian Phone Number
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Insurance Company	Policy Number
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Name and Phone Number of Person if Parent/Guardian is not available

CONSENT TO TREAT

I/We the undersigned parent(s)/guardian of _____, a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may so arise, or any hospitalization necessary.

Parent/Guardian

Date

Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes.

- 1) Medications: my child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. My child will administer his/her own medication.

Parent/Guardian

Date

- 2) I hereby grant permission for nonprescription medication (such as Tylenol ©, throat lozenges, cough syrup, etc.) to be given to my child, if deemed advisable.

Parent/Guardian

Date

- 3) No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life threatening and emergency treatment is required

Parent/Guardian

Date

Any known allergies? _____

Any physical limitations? _____

Any medically prescribed dietary needs? _____

Are you a vegetarian? Yes No

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting? Yes No

Any special concerns? _____

