NET MINISTRIES

Confirmation Retreat Registration Form

Mail completed form and payment of $145 to: **NET Ministries, ATTN: CRW Registration**
110 Crusader Ave W, West St. Paul, MN 55118

Mark retreat date preference:

☐ Sept 17-19 ☐ Oct 29-31 ☐ Nov 12-14 ☐ Nov 19-21 ☐ Dec 10-12

Registration forms are due <u>two weeks prior</u> to retreat date.

Name: _____ Gender: ☐ Male ☐ Female
First Last

Address: _____

_____
City State Zip

E-mail: _____

Phone: (_____) _____ ☐ Home ☐ Cell ☐ Work

Parish, City: <u>St. Elizabeth Ann Seton, Hastings</u> Diocese: <u>St. Paul & Minneapolis</u>
Ex: St. Joseph, West St. Paul St. Paul-Minneapolis

Date of Birth: _____ / _____ / _____ Grade: _____
Month Day Year

Medical Release:
To the fullest extent allowed by law, I/We acknowledge that there are risks in my child's participation in the NET retreat. I agree to defend, indemnify, hold harmless, and relinquish any and all claims I may have against NET and its officers, agents, employees, representatives or volunteers arising out of any activity my child participates in while attending the NET retreat, except for claims arising out of the willful and wanton misconduct of NET and its employees and representatives.

I/We further release all NET agents and employees from any claim whatsoever on account of first aid, medical treatment or services rendered her/him during participation in such activity.

I/We consent to any medical treatment deemed necessary in an emergency during my son/daughter's stay at the retreat.

Parent/Guardian (Please Print): _____

Signature: _____ Date: _____

Please check (✓) if you give permission for the designated NET Staff to give over the counter medication to your son/daughter (Aspirin, Ibuprofen, Cough Syrup): ☐ Yes ☐ No

Is your son/daughter on any prescription drugs?_ ☐ No ☐ Yes Type & Dosage: _____

Medical Insurance Provider: _____ Policy Number: _____

Clinic / Hospital Family Attends: _____

Emergency Contact: _____ Number: _____

Relationship to youth: _____

Registration fees include a $50 nonrefundable deposit. Date changes are permitted at no extra cost up to two weeks before your scheduled weekend. Changes within two weeks of your scheduled weekend will incur a $50 change fee.