

Form due by: January 7, 2018
Parental/Guardian Consent Form and Liability Waiver

Participant's Name: _____ DOB: ___/___/___

Participant Email _____ Participant Cell _____

(please circle)

Gender: **M** **F** Grade: **9** **10** **11** **12** (2017-2018 school year) T-Shirt (Adult) **S** **M** **L** **XL**

Parent/Guardian Name: _____

Home Address: _____

Home phone: _____ Emergency phone: _____

Parent Email _____

I, _____, grant permission for my child,
Parent/Guardian name

_____ to participate in the HS Girls Retreat event
Child's name

which requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and volunteers from Holy Trinity Catholic Church.

The event information is as follows:

Date: **Jan 12-14, 2018**

Type of Event: **High School Girls Retreat**

Place: **Slumber Falls, New Braunfels, Tx**

Cost: **\$115**

Event phone contact: **Debbie Gray**

Telephone number: **(210) 497-4145 ext.337**

Time of event: **6:15pm Jan 12-HT Pavilion-end of 5:30pm Mass Jan 14**

