

Sr. High MEA Fall Retreat at
Camp Castaway

October 21st-24th

www.meagetaway.com

What: Castaway is an incredible retreat where we spend a weekend having fun with games, skits, initiative games, and hot tubs, while getting to know God better through songs, speakers, and small group time.

Who: All 9th-12th graders **and your friends!**

When: MEA weekend– Thursday Oct. 21st (afternoon departure) – Sunday Oct. 24th

Where: Young Life Castaway Club in Detroit Lakes, MN

Cost: \$175 (Official cost/parish subsidized); \$215 (actual cost per student to cover bus, leaders, retreat, etc.)

New this year, St. Pat's will be publishing the full cost of trips and retreats (no parish subsidy). The official/expected cost of trips includes parish subsidy. St. Pat's is proud to provide wonderful faith opportunities to all parishioners. In order to do this, please pay what is comfortable for you and your family. Additional scholarships available. Contact Nicole if your family is in need.



To reserve your spot, turn in your consent form and payment to Nicole asap.

Space is LIMITED!!

Questions? Contact Nicole at 952-941-3164 x118 or nstecklein@stpatrick-edina.org

Church of St. Patrick
6820 St. Patrick's Lane Edina, MN 55439
PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Student/Participant Name _____ Grade _____

Date of Birth _____ Sex _____ Student Cell: _____

Parent/Guardian Name _____

Home Address _____ Zip _____

Home Phone _____ Business Phone _____

E-mail _____

Date of Event/Field Trip: Oct. 21-24, 2010 Type of Field Trip: Castaway Retreat

Destination: Camp Castaway, Detroit Lakes MN

Individual(s)/Teacher(s) in Charge: Nicole Stecklein

Estimated Time of Departure: approx. 3:30pm Return: 4:00pm

Mode of Transportation To & From Event : Bus

Student Cost (if applicable): **\$175** (parish subsidized), **\$215** (actual cost)

I, _____, grant permission for _____

Parent or Guardian Name

Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify The Church of St. Patrick and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against The Church of St. Patrick /Archdiocese of St. Paul & Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers,

contact _____

Name

Phone Number

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present _____

Allergies _____

Other Medical Conditions _____

Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature

Date