

# CREDO 2018

MY NAME IS: Kina Jesus

Lamb Emmanuel RABBI  
Redeemer Bread MESSIAH Lord of  
Teacher SAVIOR Prince  
Nazarene LION Bridegroom  
SON of God OF MAN

4/13-

High School  
Retreat

4/15

Association  
Retreat Center

2018

\$90 - Cost

CONTACT

Register by 3/4

Eric Duffy

763-862-4333

[eduffy@epiphanymn.org](mailto:eduffy@epiphanymn.org)



**DUE: With  
Payment, on  
Mar 4th 2018**

# CREDO

**Cost is \$90. No  
form will be  
accepted w/o  
payment  
(If you attended  
FIDEI, Cost is \$70)**

*An Epiphany High School Youth Ministry Retreat on April 13-15, 2018*

## **FIELD TRIP PARENTAL CONSENT FORM & INDEMNITY AGREEMENT**

Student/Participant Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender: M or F? \_\_\_\_\_ T-Shirt Size: **S - M - L - XL - XXL**  
Parent/Guardian Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

Date of Event/Field Trip April 13-15, 2018 Type of Field Trip Retreat  
Destination Association Retreat Center in Osceola, WI

Individual(s)/Teacher(s) in Charge Eric Duffy, Epiphany High School Youth Minister  
Estimated Time of Departure Meet at 6pm, Friday (Eat Before!) Return 12:00pm Sunday  
(We have mass on Retreat)

Mode of Transportation To & From Event Bus  
Student Cost (if applicable) \$90

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 the Epiphany** and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the **The Church of the Epiphany** /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