

Batesville Deanery Junior High Youth Retreat

Parent/Guardian name: _____
Home Address: _____ City/State: _____ ZIP: _____ Home
Phone: _____ Cell Phone: _____
Work Phone: _____ Emergency Phone: _____

Liability Waiver

I _____ (parent/guardian name), grant permission for my child
_____ (child's name), to participate in the Junior High Retreat to be held at Camp
Woodsmoke, (www.campwoodsmoke.org) 9219 E CR 640N, Greensburg, IN, October 28-29, 2016.

I will not hold the Batesville Deanery (www.bdrc.info) or the Archdiocese of Indianapolis, team members,
chaperones or Camp Woodsmoke responsible in the event of injury. I agree to accept any and all financial
responsibility as a result of scheduling necessary emergency medical treatment.

I will not hold _____ (your parish) responsible for any injury incurred on the trip to and
from and during the retreat.

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.

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency
medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Parent /Guardian Signature _____ Date _____

In the event of an emergency, if you are unable to reach me at the above phone numbers, contact:

Name/relation _____ Phone: _____

Medical Information

Child's Name _____ Birth Date: _____ Allergies: _____ Medications: _____ Chronic Conditions or special medical needs: (e.g. epilepsy, diabetes) _____

Medical Insurance Co. _____ Group / Identification # _____ Member's Name _____ Home/Cell phone _____ Work # _____

Family Doctor _____ Phone: _____

_____ I grant permission for non-prescription medication to be given to my child if deemed advisable:

Mail registration and \$35 fee to: The Batesville Deanery
18 West St. Louis Place Batesville, IN 47006
Batesville, IN 47006

Yes _____ No _____