



Sacred Heart Retreat Camp

SOCIETY DEVOTED TO THE SACRED HEART
896 Cienega Rd.
P.O. Box 1795 Big Bear Lake, CA 92315
(909)866-5696

EMERGENCY MEDICAL/DENTAL TREATMENT RELEASE FORM

FOR THOSE UNDER 18: Parent or Guardian completes form as indicated, including the signature of a witness.

FOR THOSE OVER 18: Complete following portion as follows:

"I, [add your own name], having legal custody of [self], authorize..."

This form must accompany each participant (including chaperones) of any program held at the Sacred Heart Camp.

NAME _____ PHONE () _____

ADDRESS _____ CITY _____ ZIP _____

In consideration of the acceptance of said camper, I hereby waive any and all claims for damages against Sacred Heart Retreat Camp and its authorized personnel of any kind or character which may arise out of the attendance of said Camp and of its activities and/or arising out of travel to and from said Camp.

I, _____ having legal custody of _____,

authorize the authorities of Sacred Heart Retreat Camp, into whose care said camper has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said camper under the provisions of the California Medical Practice Act, or to consent to an X-ray examination, dental or surgical diagnosis or treatment or hospital care to be rendered to said camper by a dentist licensed under the provisions of the California Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the said agent(s) in the exercise of their best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

This authorization shall remain effective until _____ 20_____, unless sooner revoked in writing delivered to said agent(s).

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

while witnessed by: _____ Date: _____, _____, _____
(not a relative) month day year

If parent cannot be reached, call: _____ Phone: () _____

Any allergies to medication: _____

Medication presently taking: _____

Retreatant Participation Agreement

- I agree to follow all of the rules and directions of the Retreat Team and the Sacred Heart Sisters.
- I agree to follow all of the rules and directions of the bus driver and all chaperones.
- I agree to respect and follow chaperones' directions in regard to bedtime.
- I agree to have a respectful and positive attitude on the retreat toward my fellow Youth Community members and for the retreat itself.
- I agree **not** to chew any gum at the retreat camp.
- I agree **not** to bring to the retreat any cigarettes, chewing tobacco, alcohol, drugs, or weapons.
- I agree to respect the privacy of the opposite sex and never enter their dorms
- I agree **not** to bring any CD players, pagers, cell phones or anything else that would distract me, my fellow retreatants, or the Retreat Team.
- I agree not to go outside after dusk or before 7:00 a.m.
- I agree not to use profane language.
- I agree to be respectfully quiet near the the convent and any other groups using the camp.
- I agree to be back on time from all breaks and free time.
- I agree to stay in the boundaries of the Sacred Heart Retreat Camp.
- I agree to only go hiking during designated hiking breaks and when hiking to hike in a group with a chaperone.
- During shorts breaks, I agree to stay near the Lodge and not to go hiking.
- During snow season:
 - I agree not to throw snow on any decks, shoveled walkways or driveways.
 - I agree not to sled or slide down the mountain side.
- I understand that I will be held financially responsible for any damage I may cause.
- I agree to **participate fully** in all retreat activities.

- I understand and agree to these rules and guidelines and I wish to participate on the retreat.**

Retreatant's Signature

Date

I understand the above expectations of my child and I understand that if the Retreat Team believes that my child's behavior warrants him/her being asked to leave the retreat, I will be held responsible for his/her transportation home.

Parent's Signature

Date