

Radix Senior Retreat Registration Form

Radix is a weekend retreat (Friday evening through Sunday afternoon) for seniors in high school. It is open to students from private, public, or home schools, and the goal of the retreat is to help retreatants be rooted in Christ, the Church, family, and prayer.

If you are interested in attending a Radix retreat, please first register online at www.dmdiocese.org/Radix, and then complete this form and return it to Justin White, Diocesan Director of Youth & Young Adult Ministry: 601 Grand Avenue, Des Moines, IA 50309, jwhite@dmdiocese.org

Personal Information

Name: _____ Date of Birth: _____ Gender: M F

School: _____ Parish: _____

Full Home Address: _____

Cell Phone # _____ E-mail (that you check regularly): _____

Parent/Guardian Information

Parent/Guardian Name #1: _____

Full Home Address (if different from above): _____

Work Phone #: _____ Cell Phone #: _____

E-mail: _____

(optional)

Parent/Guardian Name #2: _____

Full Home Address (if different from above): _____

Work Phone #: _____ Cell Phone #: _____

E-mail: _____

Emergency Contact & Information

Name: _____ Cell Phone: _____

Relationship to you: _____

What medical or dietary allergies, sensitivities, or needs do you have that may be relevant while on retreat?

PERMISSION/CONSENT/WAIVER FORM

Thank you for allowing my son/daughter, _____, the opportunity to participate in Radix. In consideration for the numerous intangible spiritual and personal benefits which will be received from this opportunity, I hereby offer the following:

I give permission for my son/daughter to participate in the Radix retreat at St. Thomas More Center and I take ownership of their transportation to and from the day in the following form (initial one):

_____ My son/daughter will be transported to & from by myself or another legal guardian

_____ My son/daughter will drive themselves

_____ My son/daughter will be transported to & from by the following adult who I approve and hereby release from all liability as described immediately below their name:

Name of approved individual: _____

I hereby waive the Diocese of Des Moines, St. Thomas More Center, and all staff and volunteers from any and all liability for accident or injury which might occur to my child anytime during the Radix retreat and/or during transportation to/from the weekend.

I understand that first aid treatment will be offered in case of injury or illness and if serious illness or injury develops, medical and/or hospital care will be given. I further understand that in case of serious injury or illness attempts will be made to notify me. If it is impossible to contact me, I give permission for emergency treatment or surgery as recommended by the attending physician. I furthermore understand that I am responsible for any doctor, hospital, and/or ambulance fees arising from the treatment of my child.

Photo Release: I hereby authorize the Diocese of Des Moines and its agents to utilize my child's photographic image for the specific purpose of publication of promotional material and the Diocese of Des Moines website. I understand that I will receive no compensation, should any photograph of my child be used. _____Yes _____No

Name of Retreat Participant: _____

Signature of Parent or Legal Guardian: _____

Date: _____