



Retreat Registration for Saint Patrick Parish, Malvern

September 25, 2021 + 9:00a.m. – 1:30p.m.

Please print and complete all areas.

Student's Name _____
 First Initial Last

Address _____
 Street City State Zip

Home Phone _____ Cell Phone _____

Date of Birth _____ Current School/Grade _____

PARENT/GUARDIAN CONTACT

Name: _____

Phone Number (Cell): _____

Email address: _____

LIABILITY

I hereby agree to indemnify and hold harmless Bishop Shanahan High School, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability. I accept responsibility for any medical expenses as a result of any such injury sustained.

Parent/Guardian's Signature: _____ Date: _____

MEDICAL INFORMATION

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor for in the event of medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian's Signature: _____ Date: _____

MEDIA RELEASE

Bishop Shanahan High School has my permission to use my child's photograph publicly to promote the IGNITE Retreat. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Signature: _____ Date: _____