

# Team Permission Forms

**Registration/application (to be completed by team – please print neatly)**  
**Cost is \$25 to cover costs of t-shirts, food, supplies, etc...**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Phone \_\_\_\_\_ Zip \_\_\_\_\_ T-Shirt Size: S M L XL XXL  
Parish or Church \_\_\_\_\_ School \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
E-mail \_\_\_\_\_ Gender: M / F

**Team Member:** I plan to attend the entire Antioch weekend, from May 15<sup>th</sup> through May 17<sup>th</sup>.  
I have enclosed a check for \$ \_\_\_\_\_ with this registration. (make checks payable to  
Antioch Youth Group)

**Team signature:** \_\_\_\_\_

**Parental Permission (for high school students - to be completed by a parent or guardian)**

I give full permission for my son/daughter to participate in the Antioch weekend held at Queen of Peace Parish May 15<sup>th</sup> 7:00PM through May 17<sup>th</sup> 3:30PM. I understand that it is to be held on the parish grounds for the entire weekend. If I have any questions or concerns, I will take the initiative to gain information regarding regulations and guidelines by speaking to one of the leaders. I am aware that the young people will be sleeping in assigned sleep groups separated by gender, in the homes of host families who are familiar with Antioch. *I fully expect to be notified if my child is disrespectful or uncooperative.* My child is fully able to care for him/herself independent of any assistance, however s/he has the

following health condition or is in need of the following diet or medication \_\_\_\_\_.  
If medical attention is required in the course of the weekend, I hereby give permission for my son/daughter to be treated. I furthermore completely absolve and release Queen of Peace Parish, Antioch, or any individuals helping on this retreat from any legal or financial liability related to my child's participation in this weekend.

**Parent permission signature and date** \_\_\_\_\_

Emergency Contact Information (Please Print):

Parent/Guardian Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_