

PARENT CONSENT FOR SOPHOMORE RETREAT

This is to certify that _____ has my
PRINT NAME OF STUDENT

permission to attend the one-day retreat located at Visitation Monastery (8902 Ridge Blvd.) on Friday, November 7, 2018. Students will need to be dropped off or arrive at the Monastery at 8 AM sharp.

I understand that dismissal will be at 12 Noon.

I, the parent or guardian, agree to hold harmless and release St. Saviour High School and all retreat chaperones from any liability as to personal injury and/or property damage sustained by my daughter while on retreat.

Signature of Parent

Print Name of Parent/Guardian

Phone Number of Parent/Guardian

Date Signed

Signature of Student

Print Name of Student

This form must be returned to the Campus Ministry office by Monday, Oct. 29th