

AUTHORIZATION FOR PARTICIPATION IN
Corpus: The Freshman Retreat

Student Name: _____

Service Assignment:

To Be Announced in September 2016

PART 1: To be completed by sponsoring school organization/department:

Saint Ignatius College Prep, 1076 W. Roosevelt Road, Chicago, IL will sponsor a day of service and retreat:

Sponsor is: Formation and Ministry

Date of the retreat is: October 19, 2016

Supervisors of this retreat/outing are: Ms. Katie Davis

Destination(s): On-campus and at various off-campus service sites

Charges to be paid by the student for this outing are: \$55.00 (Will be billed to your account)

PART II. To be signed by the student:

Statement of Agreement and Confirmation of Attendance

I hereby agree to abide by all rules and regulations as set forth in the Saint Ignatius Parent-Student Handbook. I understand that I will be under the direction of faculty moderators and student leaders.

***I FURTHERMORE UNDERSTAND THAT ATTENDANCE AT and
PARTICIPATION IN FRESHMAN RETREAT IS A GRADUATION REQUIREMENT.***

Date: _____ Student Signature: _____

**PLEASE RETURN THIS FORM TO THE RECEPTION DESK BEFORE YOU
DEPART THIS EVENING**

over →

PART III. To be completed and signed by the student's parent(s)/guardian(s).

The undersigned grants permission to the designated representative of Saint Ignatius College Prep to authorize that emergency medical treatment considered necessary by qualified medical personnel for the student whose name appears below. This authorization is for school days and at school sponsored events as stated in the school insurance policy while the student is in attendance at Saint Ignatius College Prep. It is understood that every effort will be made to contact the parents/guardians immediately when an emergency occurs.

Student **Name:** _____

Student Home **Address:** _____

Parent/Guardian **Home Phone:** _____

Parent/Guardian **Cell Phone:** _____

Student **Date of Birth:** _____

Student **Allergies:** _____

Student Current **Medications:** _____

Name of Relative/Friend for **Emergency Contact:** _____

Above-Named **Emergency Contact Phone:** _____

_____ is hereby given my permission to participate in the outing described. I further authorize Saint Ignatius College Prep to change this outing, or even cancel it, if such change or cancellation appears necessary or desirable in the judgment of an appropriate official of the school, provided such change or cancellation does not materially increase the expenses of the student or his/her parents or guardians set forth above, and provided also that any changes do not notably affect the character of the outing. My permission is given with the additional understanding that the school's accident insurance is applicable. I have read and understand all three parts of this form and the accompanying letter. **ADDITIONALLY:**

_____ I / we understand that attendance at the Freshman Retreat is a ***graduation requirement***.

_____ I / we understand that **Charges to be paid by the student for this outing are: \$55.00**
(Will be billed to your account)

_____ I / we have read the ***accompanying letter*** from Katie Davis.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

FINANCIAL ASSISTANCE INFORMATION

All families are eligible to apply for assistance for Formation and Ministry programming such as retreats and service projects. When doing so, the following must be strictly adhered to:

A parent or guardian must submit in writing the amount of aid being requested and the purpose for the aid.
All requests must be directed to Mr. James Luzzi.

Only written requests from parents/guardians will be considered. Additional information may be requested after preliminary review.