



Mary's Day Retreat

JULY 23-24, 2024

Who: High School Women and Above

MERCY RETREAT CENTER

605 S. 19th Street

Slaton, TX 79364

Cost: \$25

**REGISTRATION
DUE: July 19**

**COME DISCERN
YOUR VOCATION!!**

- Presentations
- Eucharistic Adoration
- Confession
- Prayer

MORE CONTACT INFO:

Sr. Olivia Rico

806-792-3943 ext. 227

orico@catholicclubbook.org

catholicclubbook.org/vocations.html



Roman Catholic
Diocese of Lubbock

MARY'S FIAT RETREAT

JULY 23-24, 2024

(Registration Form---Please Print)

Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Evening Phone _____

E-mail Address _____

Age _____ Birth date _____ Year in school _____

Your Parish _____ Priest _____

The cost of the retreat is \$25.00 which includes room and board, meals, t-shirt, cap, snacks, and discernment material.

Participants are advised that photographs or videotape of participants may be used in publications, websites or other materials published from time to time by the Office for Vocations of the Diocese of Lubbock. (Participants would not be identified, however, without specific written consent.) Participants who do not wish to be photographed or filmed should notify the Office for Vocations in writing. Please note that the Diocese of Lubbock has no control over the use of photographs or film taken by media that may be covering the event in which you participated.

Signature (Parent or guardian if under age 18) _____ Date _____

REGISTRATION DEADLINE: JULY 19

Please return Registration Form, Monetary Payment, Health Form, and Parental Consent Form to:

Sister Olivia Rico

4620 4th Street Lubbock, Texas 79416



DIOCESE OF LUBBOCK PARENTAL/GUARDIAN PERMISSION & LIABILITY WAIVER

FORM E

PLEASE PRINT LEGIBLY

Participant Information

Participant's Name:		Parish:	
Parent/Guardian Name:		Relation to Participant:	
Home Address:	City	State	Zip:
Home Phone:	Cell Phone:	Parent/Guardian Cell Phone:	
Email:			

I, _____, grant permission for my son/daughter _____ to participate in the diocesan event. _____
Parent/Guardian Name Participant's Name

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by my son/daughter named above.

I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless the Diocese of Lubbock, its officers, directors and agents from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my sons/daughters attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith.

Insurance Information (or Attach Photocopy)

Do you have medical insurance? No Yes If yes, please provide the following information:

Insurance Company:	
Policy in the name of:	Policy Number:
Family Doctor's Name:	Phone Number:

To the best of my knowledge, the above named child, is in good health, and I assume all responsibility for the health of my child. In the event of emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Signature: _____ Date: _____

The following request is pertinent information if you are rendered unconscious

Date of Birth (including year)	Preferred Language:
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Please list **ALL** allergies/special health information:

Please list **ANY** medications (prescriptions or non-prescriptions):

Name of Emergency Contact:	Phone Number:
Name of Emergency Contact	Phone Number:

In the event that the participant does not have health insurance, payment in full for medical care becomes the responsibility of the parent/guardian.

Photograph and Video Consent:

From time to time, pictures and videos may be taken of youth ministry events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications and the ministry website. Written consent of both the student and parent/guardian is required. Names will not be posted unless written the student and parent/guardian give authorization and then only the first names will be used. If there are concerns about pictures or videos posted on the website, please contact the ministry coordinator, and they will be promptly removed.

I/We, the parent(s)/guardian(s) of this youth (name) _____, authorize and give full consent, without limitation or reservation to the Diocese of Lubbock to publish any photograph or video in which the above names student appears while participating in any program associated with youth ministry. There will be no compensation for use of any photograph or video at the time of publication in the future.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Personal items to bring to the retreat:

- Towel and wash cloth
 - Bar of soap, shampoo
 - Tooth brush, tooth paste, comb, deodorant
 - Flip flops for shower area
 - Undergarments
 - Shoes for walking/outdoor activities
 - Clothing for outdoor activities
 - Jeans for mass
 - Sunglasses
 - Camera if desired
- Your own prescribed, and/or over the counter medicines
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- **The retreat will begin on Tuesday, July 23 at 9:00am and will end on Wednesday, July 24 at 4:00pm.**
- **All participants will gather at Mercy Retreat Center in the Holy Spirit Patio.**

(Behold, I am the handmaid of the Lord, may it be done to me according to you WORD.) ~ Luke 1:38