



Dates– January 16-19 2009 (Arrival Fri 7pm, dinner not provided. Pickup Mon 7pm)

For: Boys 10-15 (16 and over may apply to be counselors)

Costs - For weekend with Ski day \$85
 - For weekend without ski day \$60 (Till Sunday night.)

To bring: Sleeping bag and pillow, bible, notebook and pen, rosary, clothes for mass, clothes for sports, winter clothes, swim suit and towel, toiletries, jacket blazer (suggested). Clothes for skiing if skiing.

Contact to register:

Wisconsin – Tracy Arbanas	608-565-3155	arbanast@tds.net
Illinois – Mary Beth Sutkowski	708 301 0670	mbsutkowski@comcast.net
Minnesota – Staci Scherber	763-498-7878	jsscherb@familink.com

**PERMISSION TO PARTICPATE IN THE
CONQUEST SKI RETREAT AT OAKLAWN ACADEMY, WISCONSIN**

1. INDIVIDUAL'S NAME: _____ **BIRTHDATE:** _____ **Age** _____

2. NATURE AND DURATION OF ACTIVITIES:

Friday, Jan 16, 2009—Sunday, Jan 19, 2009

Athletic and spiritual activities

3. SUPERVISORS: Legionaries of Christ and group chaperones

4. REQUIREMENTS: This signed form and respective fee

5. CONSENT: I hereby consent to the above-mentioned individual's participation described above, and specifically request that he be allowed to participate in those activities.

6. INSURANCE: I understand that the Legionaries of Christ may not carry any insurance relative to the activities or for any injury that may occur to the above-named individual. I represent that the individual is covered by insurance through my own insurance carrier.

7. EMERGENCIES: If the above-named individual requires any emergency medical procedures or treatments during the activities, I consent to the activity supervisor(s) taking, arranging for or consenting to the procedures or treatments in the discretion of the activity supervisor(s). For purposes of such procedures and treatments, my child's blood type is _____ and my child has the following allergies or other medical problems (if any):

8. RELEASE AND INDEMNIFICATION: I release and waive, and further agree to indemnify, hold harmless or reimburse the Legion of Christ, the individual members, agents, employees and representatives thereof, as well as the activity supervisor(s), from and against, any claim which I, any other parent or guardian, any sibling, the above named individual, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the individual's participation in the activities or the rendering of emergency medical procedures or treatment, if any.

9. If, in the event of a medical or other emergency, I am unable to be reached by telephone at my home or work telephone numbers listed below, I authorize the activity supervisor(s) to attempt to contact me through the emergency contacts listed on the back of this page.

I have read and understand the above.

DATE: _____

Parent/guardian's Signature

Parent/guardian's Signature

Address: _____

Address: _____

Mother

Father

Work Phone #: _____ Work Phone #: _____

Home Phone #: _____ Home Phone #: _____

E-mail address: _____ E-mail address: _____

Additional Emergency Contacts

Name: _____ (2) Name: _____

Relation: _____ Relation: _____

Phone #: _____ Phone #: _____