



2010 Summer Leadership Retreat

July 9th - 11th, 2010

Registration Form

Please print clearly and return to the Life Education Fund office.

General Information

Name of Participant _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____

E-Mail _____

Parish _____

School _____

Date of Birth ____/____/____ Male Female Grade _____

Name of Adult Leader _____

Payment Information

\$10 Deposit and I will raise the remaining balance of \$89 by raising \$180 for the Walk for Life and pay the remaining unpaid balance if necessary. (Walk for Life sponsorships may be submitted at the registration booth for the Summer Leadership Retreat on July 9th)

Signed _____ Date _____

OR

\$49 Paid in Full by May 15

\$59 Paid in Full before June 15

\$69 Paid in Full after June 15th

Emergency Contact Information

Parent or Guardian _____

Address _____

Phone(s) _____

Medical Conditions (e.g. Allergies, Epilepsy; Diabetes) _____

Medications _____

Medical Insurance _____ Policy Number _____

Address _____ Phone (____) _____

Member's Name _____ Phone (____) _____

Family Doctor _____ Phone (____) _____

Release and Indemnification Agreement

Name of Activity: **2010 SUMMER LEADERSHIP RETREAT**

Location: **Walsh University Campus, North Canton, OH**

Dates of Activity: **July 9th- 11th, 2010**

- A. As the below-named participant, I hereby register for and commit to attend the Pro Life Youth Congress *Summer Leadership Retreat*. I further agree to the terms of this Release and Indemnification Agreement, and I agree to comply with the Code of Behavior set forth below.
- B. As a parent or guardian of the below-named participant, I give my permission for my child or ward to register for and attend the activity.
- C. The undersigned release from all liability, and indemnify and hold harmless Pro Life Youth Congress and Life Education Fund and any employee, agent or representative thereof from any and all liability, actions, causes of actions, claims, judgments, costs or expenses, arising out of or in any way related to injury, illness or loss incurred by the participant while participating in or traveling to or from this activity.

Code of Behavior

- 1. Participants must stay and participate in the entire event. Participants may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.
- 2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
- 3. Foul language shall not be tolerated.
- 4. Participants must heed any and all directions of activity staff and student leadership.
- 5. Participants must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the participants involved and the participant's parents/legal guardians.
- 6. Clothing must be modest a (no bare midriffs, short shorts, halter tops, or offensive language) and must be appropriate for attending Mass.
- 7. Failure to abide by this Code of Behavior may result in a request to parents/legal guardians, to transport offending participants from the premises, and the parents/legal guardians shall immediately comply with the request.

I HAVE READ AND AGREE TO THE ABOVE TERMS IN THEIR ENTIRETY:

Participant's Printed Name _____ Date _____

Participant's Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Return to:

Life Education Fund
572 West Market St, Ste. 3
Akron, OH 44303