

**THIS FORM IS DUE WITH PAYMENT: SEPTEMBER 28 FIRM DEADLINE**

**HOLY FIRE 1 DAY RETREAT Parent Permission Form**

Dear Parent or Legal Guardian: Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from parish grounds. This activity will take place under the guidance & supervision of employees from St. Patrick-St. Anthony Church. A brief description of the activity follows:

- Name of Event:** Holy Fire 1 Day Retreat
- Destination:** UIC Pavilion 525 South Racine, Chicago, IL 60607
- Designated Supervisors of Activity:** Teesie Fritsch – in partnership with Diocese of Grand Rapids
- Date & Time of Departure:** Fri Oct 26 *TENTATIVE* 6:00 am **Return:** *TENTATIVE* 9:30 pm
- Method of Transportation:** Charter Bus
- Student Cost:** **\$50.00** Includes: t-shirt, registration, lunch, & charter bus transportation
- Packing List:** necessary medications (THESE MUST BE TURNED IN TO Teesie. Original container must be in a clear bag with clear instructions.) Do not bring ipods, cell phones, game systems.

**NO NUTS DUE TO LIFE THREATENING ALLERGY.**

If you would like your child to participate in this event please complete, sign, and return the following statement of consent and acknowledgement with a check or cash in the amount \$50.00 by Sept 28. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

I hereby consent to participation by my child  (FIRST) \_\_\_\_\_ (LAST) \_\_\_\_\_, in the event described above. I understand that this event will take place away from the church grounds and that my child will be under the supervision of the designated church employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

**GENDER:** M F

**GRADE:** 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup>

**STUDENT’S T-SHIRT SIZE:** (Adult Sizes)

S M L XL XXL

\_\_\_\_\_  
Parent Email Address

\_\_\_\_\_  
Emergency Contact Number

\_\_\_\_\_  
Print Parent/ Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**A 2018-2019 MEDICAL TREATMENT RELEASE FORM MUST BE SUBMITTED WITH THIS PERMISSION FORM, UNLESS ALREADY SUBMITTED SINCE JULY 2018.** See Reverse Side

**MEDICAL TREATMENT RELEASE FORM** (good for entire year)

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency, which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Reason for which release is intended: All 2018-2019 Middle School Ministry Events

Address of Minor: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**List any allergies, medication, contacts, or other pertinent comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health Insurance Data:**

Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence

**THIS FORM MUST BE NOTARIZED IF EVENT TAKES PLACE OUT OF STATE**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

(Parent or Guardian)

~~~~~State  
of: \_\_\_\_\_ Subscribed and sworn to, before me this

County of: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
(Notary Public for the State of Michigan)

My Commission Expires \_\_\_\_\_

County of \_\_\_\_\_

# HOLY FIRE



THE PRODUCERS OF THE NATION'S LARGEST CATHOLIC YOUTH EVENT, NCYM, INVITE YOUNG PEOPLE IN GRADES 6-9 TO A ONE-DAY EXPERIENCE OF DYNAMIC SPEAKERS, MUSIC AND THE SACRAMENT OF THE EUCHARIST LIKE THEY HAVE NEVER BEFORE EXPERIENCED. AT HOLY FIRE, YOUNG PEOPLE WILL BE CALLED TO EMBRACE THEIR BAPTISM AND ENGAGE WITH THE RELEVANT AND POWERFUL GOSPEL OF JESUS.

## TICKET PRICES/DATES

\$33 – UNTIL AUGUST 15  
\$35 – UNTIL OCTOBER 1  
\$40 – UNTIL OCTOBER 22  
\$45 – FINAL WEEK THROUGH DAY OF

## WHEN

FRI. OCT. 26 . OR . SAT. OCT. 27. 2018.

9:00AM - 2:30PM

DOORS OPEN 8:30

MUSICAL CONCERT AT 9 AM

## WHERE

UNIV. OF ILLINOIS CHICAGO PAVILION  
525 S RACINE AVE - CHICAGO, IL



PAUL J. KIM



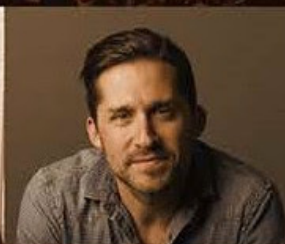
DEACON HAROLD  
BURKE-SIVERS



MASS WITH  
CARDINAL CUPICH



NOELLE GARCIA



JOSH BLAKESLEY  
BAND



PRODUCED AND PRESENTED BY



NFCYM  
NATIONAL FEDERATION FOR  
CATHOLIC YOUTH MINISTRY  
WWW.NFCYM.ORG



WWW.NEWDWPINC.COM

HOSTED BY

ARCHDIOCESE OF CHICAGO



\$50.00

CONTACT

[tfritsch@stpatsgh.org](mailto:tfritsch@stpatsgh.org)

TICKETS NOW ON SALE!

[WWW.NFCYM.ORG/HOLYFIRECHICAGO](http://WWW.NFCYM.ORG/HOLYFIRECHICAGO)