

# South Side Youth Ministry

## Luke 18 Retreat

April 30, May 1, May 2, 2010

*Office Use Only:*

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

Check # \_\_\_\_\_

Cash \_\_\_\_\_

Last name, first name	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	T-Shirt Size (adult)
Name of Parish:		

	Luker	Mother/Guardian	Father/Guardian
<b>Name:</b>			
<b>Address:</b> city/state/zip:	_____	_____	_____
<b>Home phone:</b>	(    )	(    )	(    )
<b>Work phone:</b>	(    )	(    )	(    )
<b>Cell phone:</b>	(    )	(    )	(    )

**Emergency Contact (For all weekend - other than parent – not a sibling):** \_\_\_\_\_  
*(will be used only if parent cannot be reached)*

**Emergency Contact Phone #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**In case of MAJOR emergency: Hospital:** \_\_\_\_\_

**Doctor Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Exchange:** \_\_\_\_\_

Do you have any unusual diet requirements, medical history, medication needs, or major allergies (ex. pets, smoking, grass, etc. *that we should know about?*) If so, please specify below.

**Allergies:** \_\_\_\_\_ **Special Diet:** \_\_\_\_\_

**Medical history/condition:** \_\_\_\_\_

**Prescription Medications my child may take:** \_\_\_\_\_

**Non-Prescription Medications my child may take:** \_\_\_\_\_

- I authorize my son/daughter to fully participate in the Luke 18 Retreat Weekend activities.  
 - Yes\_\_ No\_\_ My child may be given the non-prescription medicine listed above if it is needed.

**PARENT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete this form and return by April 14, 2010 to the address below, along with a check for \$95 payable to SSYM.**

South Side Youth Ministry  
 Attn: Luke 18 retreat  
 4924 Bancroft  
 St. Louis, MO 63109

*(Please do not send this form to your school)*