**ODS High School Retreat  
REGISTRATION  
PARENTAL/GUARDIAN CONSENT FORM   
LIABILITY WAIVER**

**February 24th – 26th, 2017**

**Trinity Pines Retreat Center, Colfax, CA**

**28000 Rollins Lake Rd, Colfax, CA 95713**

Our Divine Savior, St. John’s the Baptist, St Thomas More, St Thomas the Apostle, St Dominic



***Cost: $60  
Fax, mail or drop of at your parish office to:***

*Robert Sheridan* Parish you attend: *Our Divine Savior   
566 East Lassen Ave*   *Chico, CA 95926  
odsyouthministry@yahoo.com  T-shirt Size (Circle One) S, M, L, XL, 2XL  
phone:  530 680-4294*

Participant’s Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_Gender: \_\_\_\_\_\_  Grade: \_\_\_\_\_\_\_School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: Zip:

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone (parent):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (parent)\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , grant permission for my child,

*Parent or Guardian’s Name*

to participate in this youth event. *Child’s Name*