

St. Theresa LIFE Teen Program
Invites all High School students (you!) to:

LIFE XXIII: Spring Retreat 2003

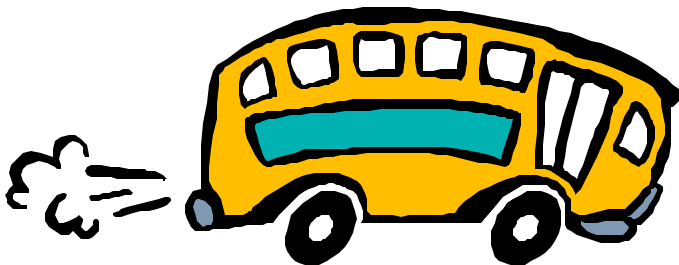
March 28-30, 2003

Game Plan for Life Retreat

Cost: \$80.00

- (checks payable to 'St. Theresa Parish') due Sunday, March 23.
- Space is limited.
- Don't let money hold you back. If you need financial assistance, please call Matt (602)840-0850.

Place: Camp Tepeyac, P.O.
Box 3296, Prescott AZ,
86302, (928) 778-5397



Departure Time: Be at St. Theresa Parish at **3:30pm**, Friday, March 28. Dinner will be served!

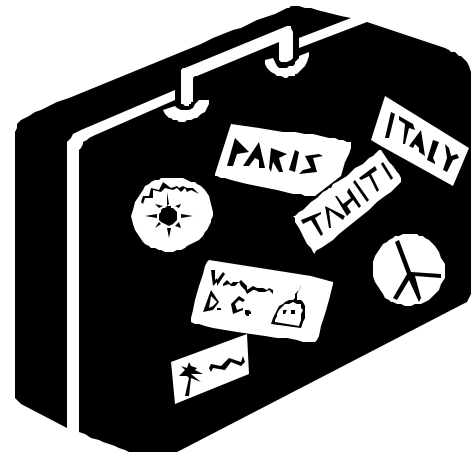
Return Time: The retreat will end after the Sunday 6pm Mass on March 30.

Be sure to Bring:

- Sleeping bag and pillow
- Warm Clothing/Comfortable Shoes
- Bible, Rosary
- Toiletries and Towel
- A six-pack of your favorite soft-drink or a snack to share

Do NOT Bring:

- Electronic Devices: Radios, CD Players, TV's, Cell Phones, etc.
- Illegal Drugs or Alcohol (**The police and/or your parents will be called to pick you up**)



Please return this flyer with your payment to the St. Theresa Parish office to reserve your space.

Parents/Guardians: Please fill out the permission form on back!

St. Theresa Parish LIFE Teen Program

Parental Consent/Release Form Spring Retreat 2003

Participant's Name _____ Age _____ Birth Date ____/____/____

Phone Number _____ Parent's Business Phone _____

Address _____ City _____ Zip _____

School _____ Year of Graduation _____ T-Shirt Size _____

Names of Parents/Guardians _____

I request my son/daughter, _____, be permitted to participate in the LIFE Teen Fall Retreat, March 28-30, 2003 which is sponsored by the St. Theresa LIFE Teen Program.

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this event and that I will be notified as soon as possible in the event of an emergency.

In the event of sickness or accident, I will not hold the Diocese of Phoenix, Camp Tepeyac, St. Theresa Parish, St. Theresa LIFE Teen program or the youth group leaders responsible. In the case of sickness or an accident, I authorize and consent to any X-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment under the general or specific supervision, and on the advice of any physician, dentist or surgeon licensed to practice in the State of Arizona or any other state. I further understand and agree that any such medical, dental, or hospital expenses incurred shall be at my expense.

My child agrees to abide by all the rules and regulations stated at the conference. I understand that the Diocese of Phoenix, Camp Tepeyac, St. Theresa Parish, St. Theresa LIFE Teen program or the youth group leaders will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the conference at my expense.

Parent's/Guardian's Signature _____ Date _____

Insurance Company Name _____ Insured Name _____

Insurance Policy # _____ Physician & Phone # _____

EMERGENCY PHONE #1 _____ NAME _____

EMERGENCY PHONE #2 _____ NAME _____

Please note any health or allergy conditions which would effect his/her participation or which should be given to an attending physician, dentist or surgeon: