



Mercy High School San Francisco

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A College Preparatory High School for Young Women

To: Parents / Students
From: Dr. Cutarelli, Director of Campus Ministry
Date: November 11, 2010
RE: Junior – Senior Overnight Retreat

Thanks for your interest in the Junior – Senior Overnight Retreat! Attached is a permission slip for you. Please make note of the following information...and see me in the Campus Ministry Office if you have further questions.

1. Please place the permission slip and payment in an envelope, seal it, and write your name and HR section on it.
2. **Due Date:** The **permission slip and \$60 non-refundable* payment** are due to me in the Campus Ministry Office no later than **Wednesday, December 8, 2010**. *NOTE: Refunds in the event of illness or other emergencies may be given; however, if you simply change your mind at the last minute, I cannot refund your money!
3. If you pay by check, please make it payable to “Mercy High School” and put your name and HR section in the MEMO line.
4. If you pay by cash, please deliver it to me personally so that I can ensure that you are checked off and it was received.
5. The retreat is from **Tuesday, February 15, 2011 at 1:30pm to Thursday, February 17, 2011 at 3pm**. Students will not be allowed to arrive late or leave early from the retreat.
6. We will be taking a chartered bus to the location.
7. The retreat is being held at Presentation Center in Los Gatos.
8. The cost of the retreat includes the use of the site, meals, transportation, supplies, and additional insurance that is required for an overnight stay.
9. More information regarding what to bring, wear, etc., will be sent to you in HR once you have brought in your payment and permission slip.
10. Remember: a retreat is a time for building relationships with self, God and others (friends, family, peers, etc.) through games, discussions, activities, and meditation/reflection. Though there will be free time built in to the schedule, the retreat is directed by faculty leaders. If you come with an open mind and an understanding of what a retreat is and is not, then you’ll have a great time and get a lot out of the day!

Though this is an optional activity, Mercy High School, San Francisco, actively encourages students to participate and has Official Retreat Program Guidelines (see page 144 in the Student Planner/Handbook). If you have further questions, please contact me (rcutarelli@mercyhs.org or (415) 334-0525 ext. 219).

Where young women prepare to make a difference in the world

Mercy High School Parent/Guardian Permission Form for Retreats

Name of Student _____ Hmrm. ID No. _____ Date of Birth _____ Today's Date _____
I hereby request that my daughter/ward, _____, attend the

Junior / Senior Overnight Retreat
at *Presentation Center*
19480 Bear Creek Road
Los Gatos, CA
Phone: (408) 354-2346

(date) **Tuesday, February 15, 2011** departing Mercy High School at 1:30pm and returning to Mercy on **Thursday, February 17, 2011, at 3:00pm**

BUS: Public ___ Chartered X (Mercury Tours Bus Company) (650-588-1448) Car ___ Driver's Name _____

NO STUDENTS ARE PERMITTED TO DRIVE OTHER STUDENTS

Chaperones are: **Dr. Cutarelli, Ms. Schroeder, Ms. McAninch, Sr. Judy Carle**
Role: **Faculty / Campus Ministers**

Mercy High School and its faculty and staff members are hereby released from any and all liability arising from such activity as consideration for allowing said student to participate therein.

Contact Person Information:

Mother _____ Father _____ Guardian _____

Address: _____

Home Phone: _____

Work Phone: _____

Pager/Cell Phone: _____

Parent E-mail Address: _____

Authorized Persons To Pick Up Your Daughter/Ward and Emergency Information:

Name: _____ Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Pager/Cell Phone: _____ Pager/Cell Phone: _____

Medical Insurance Carrier: _____ Policy No. _____

Allergies: _____ Medical Problem: _____

Call 911 for Assistance _____ Personal Physician: _____ Phone No. _____

I understand that my daughter/ward is responsible for all assignments missed while on this retreat.

Signature of Parent/Guardian

Date

*Please return permission slip and \$60 non-refundable payment
to Dr. Cutarelli in the Campus Ministry Office by Wednesday, December 8, 2010.
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PRESENTATION CENTER

PARENT/GUARDIAN WAIVER AND RELEASE FROM LIABILITY

***ALL STUDENTS MUST FILL OUT THIS FORM
AND HAVE IT SIGNED BY A PARENT/GUARDIAN,
REGARDLESS OF AGE!!!***

STUDENT NAME: _____ HR: _____

If Individual is under 18 years of age, the parent(s) or guardian(s) of Individual must execute, in addition to the Release, the following waiver:

The undersigned, _____, referred to as the parent(s) and natural guardian(s) or legal guardian(s) of _____, does hereby represent that he/she (they) is (are), in fact, acting in such capacity and agrees to indemnify, save and hold harmless Presentation Center, its agents, attorneys, members, subsidiaries, beneficiaries, officers, directors, employees, or any entity controlling or under common control with Presentation Center (collectively, the "Released Parties") from all loss, liability, damage, cost or claim whatsoever that may be imposed upon said Released Parties because of any defect in or lack of such capacity to so act and release said Released Parties on behalf of the undersigned.

Full Name of Parent/Guardian (please print)

Date

Signature of Parent/Guardian

Street Address

Relationship to Individual (Student)

City, State, Zip Code

Telephone Number