

Continued from previous side...

I request my child, _____ attend the QUEST retreat held at Our Lady of Lourdes in Bettendorf, IA on Feb.27th & 28th. In the event of illness or injury, the adults in charge have permission to secure medical care for my child. I acknowledge that I am responsible for all reasonable charges in connection with any care or treatment rendered. I hereby release the Diocese of Davenport, the sponsoring parish and all adult supervisors from any claim arising out of, or from any accident or other occurrence, causing injury to any person or property during this event.

It is further understood that if my child is caught in a wrongful act that I will be called anytime day or night and expected to pick him/her up immediately.

_____ Date _____

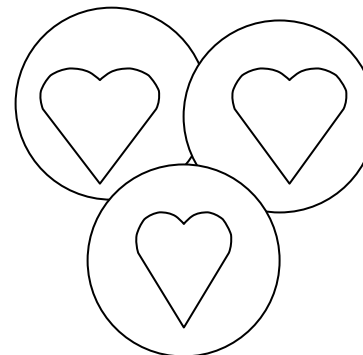
Parent/Guardian Signature

***Return this half by February 18, 2010 to: Joyce Kloft
1506 Brown Street
Bettendorf, IA 52722***

If you have questions please contact

Joyce Kloft 563-359-0345 or bettlourdesdre@diodav.org

Quest



*Love of Self
Love of Others
Love of God*

Feb.27th & 28th

***Our Lady of Lourdes
Bettendorf, Iowa***

QUEST Retreat

QUEST is an overnight retreat for high school *freshmen* and *sophomore* students. It is a chance to get away from the regular routine, talk about important life and faith issues, and have FUN

The weekend *begins* on

Saturday, Feb. 27th at 10 AM

And *concludes*

Sunday, Feb. 28th at 1 PM

(You must be present for the entire retreat; please no late arrivals or leaving early.)

It is VERY important that you return the registration form by **February 18th, 2010!**

Cost: \$30 (Make checks out to Our Lady of Lourdes)

What to bring: Casual clothing, personal hygiene items, sleeping bag, pillow and an air mattress or cot.

Please, do not bring anything that would be illegal, immoral, or disruptive to the spirit of the weekend.

Please keep this half for your reference.

PERMISSION SLIP / MEDICAL RELEASE FORM

PARTICIPANT'S NAME: _____

NAME PERFERED ON NAME TAG: _____

ADDRESS _____

E-MAIL ADDRESS _____

PHONE _____

DATE OF BIRTH _____ MALE FEMALE

GRADE _____ PARISH _____

Have you attended Quest before? ____ if so, when/where: _____

PARENTS/GUARDIAN'S NAMES _____

Phone number(s) to contact during the retreat weekend _____

Other Emergency Contact _____

Phone #(s) of Contact _____

Special needs and/or considerations (ie: allergies, health concerns learning disabilities, family situations): _____

MY CHILD MAY BE GIVEN AS NECESSARY:
TYLENOL/IBUPROFEN/ASPIRIN

INSURANCE COMPANY, PHONE # & POLICY #

*Please continue Registration form on the other side →
Return THIS HALF ONLY.*