



RENEW. ENCOUNTER. CHRIST.

"A LAY RETREAT MOVEMENT FACILITATED BY A DEVOUT CHRISTIAN COMMUNITY OF YOUTH AND YOUNG ADULTS INSPIRING YOUNG PEOPLE TO BECOME DISCIPLES OF JESUS CHRIST, BUILDING THE KINGDOM OF GOD IN THE FAMILY, AND SHARING THE GOSPEL VALUES IN EVERYDAY LIFE".

EST. 1986

Re: Candidate Application (3/2018)

General Information

Candidate Name: _____ Date of Birth: ____/____/____ Age: _____

Address: _____

Phone Number: _____ Email: _____

Were you baptized Catholic? ☐ Yes ☐ No || If yes, when and where? _____

What parish do you currently belong to? _____

Primary language spoken at home? ☐ English ☐ Spanish ☐ Tagalog ☐ Vietnamese ☐ Other: _____

Medical Information

This medical information and consent to treat is for the express use of Catholic Youth Ministry in the Diocese of Sacramento. It is not intended for the use by Catholic Schools or Parish Religious Education Classes. This form remains in effect for one year from the date of signature.

Current Medications (Name & Dosage): _____

List All Allergies: _____

Special Diets: _____

Health Insurance Information: _____

Insurance Name

Insurance Number

Other Health Related Concerns: _____

Emergency Contact (Name & Phone Number): _____

**REC staff fee varies upon retreat venue. Please make all checks payable to "REC Fund"*



: RecSacramento@gmail.com ||



: www.sacrec.org ||



Search: "All Rec Family!" ||



: @RecSacramento

Recollections In Christianity, Sacramento || est. 1986



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CONSENT TO TREAT AND RELEASE OF LIABILITY

FOR MINOR PARTICIPANTS (Age 17 and UNDER) PARENTS – PLEASE READ AND INITIAL

I (We), the undersigned parents / legal guardians of the participant, named on page 1, do hereby authorize the treatment of my (our child) by a licensed physician in the case of any accident or illness may so arise, or any hospitalization necessary, and/or to be provided first aid. I (We) further agree to pay any and all costs associated with treatment not covered by my (our) insurance.

As parent(s) / legal guardian(s) of the minor, named on page 1, I (we) release, hold harmless, and discharge forever the DIOCESE OF SACRAMENTO and RECOLLECTIONS IN CHRISTIANITY, their staff, officers, directors, employees, agents, sponsors, promoters, and such person or organization arising directly or indirectly from or attributable in any legal way to any action, or omission to act of any such person or organization, and execution of Youth Ministry in the Diocese of Sacramento.

As parent(s)/legal guardians of the minor, I understand that pictures and/or my child's name (as listed on page 1) will be posted on our RECOLLECTIONS IN CHRISTIANITY website and made available to the public. Personal information (i.e. Date of birth, address, and phone number) will NOT be seen by the public on the RECOLLECTIONS IN CHRISTIANITY website.

I UNDERSTAND AND AGREE TO THE STATEMENTS LISTED ABOVE: _____
INITIALS

FOR ADULT PARTICIPANTS (Age 18 and OLDER) – PLEASE READ AND INITIAL

I, the undersigned, do hereby authorize treatment of myself by a licensed physician in the case of accident or illness may so arise, or any hospitalization necessary, and/or to be provided first aid. I further agree to pay any and all costs associated with treatment not covered by my insurance.

I release, hold harmless, and discharge forever the DIOCESE OF SACRAMENTO and RECOLLECTIONS IN CHRISTIANITY, their staff, officers, directors, employees, agents, sponsors, promoters, and such person or organization arising directly or indirectly from or attributable in any legal way to any action, or omission to act of any such person or organization, and execution of Youth Ministry in the Diocese of Sacramento.

I understand that my pictures and/or name will be posted on our RECOLLECTIONS IN CHRISTIANITY website and made available to the public. Personal information (i.e. Date of birth, address, and phone number) will NOT be seen by the public on the RECOLLECTIONS IN CHRISTIANITY website.

I UNDERSTAND AND AGREE TO THE STATEMENTS LISTED ABOVE: _____
INITIALS

Parent/Legal Guardian Name(s) Print: _____ || _____

Parent/Legal Guardian Signature(s): _____ || _____ Date: _____

Parent/Legal Guardian Phone Number(s): Main _____ Alternative _____

CANDIDATE SIGNATURE: _____ Date: _____