

S.A.L.T.
Servants Actively Leading Teens,

was established to provide our youth with

SALT

the opportunity to discover the merciful
love of Jesus Christ in a personal way,
to strengthen their commitment to Him,
and to bring them into fuller union with
His Church.

As a Catholic retreat team, we
journey with youth as they grow spiritually,
and encourage them to joyfully embrace
the Gifts of the Spirit and the traditions of
the Catholic Church.

REGISTRATION FOR S.A.L.T. Overnight High School Retreats

Please fill out and return to the Office of
Religious Formation and Training.

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone #: (318) _____

Date of Birth: _____

Grade: _____

Gender(M/F): _____

Church: _____

Pastor: _____

Please check the retreat date you are
applying for:

SALT #1: January 14-15
Reg. Due by December 16th

SALT #2: February 11-12
Reg. Due by January 16th

SALT #3: March 10-11
Reg. Due by February 17th

Mail application to: SALT
Diocese of Alexandria
Office of Religious Formation and Training
4400 Coliseum Blvd.
Alexandria, LA 70303

Choose from three overnight retreats in the
Spring. They will be held at Maryhill Renewal
Center, Pineville, Louisiana (see map).

SALT #1: January 14-15
Reg. Due by December 16th

SALT #2: February 11-12
Reg. Due by January 16th

SALT #3: March 10-11
Reg. Due by February 17th

"For creation awaits with eager
expectation the revelation of the
children of God; for creation was
made subject to futility, not of its own
accord but because of the one who
subjected it, in hope that creation
itself would be set free from slavery to
corruption and share in the glorious
freedom of the children of God."

- Romans 8:19-21

SALT

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... be a part of it all.

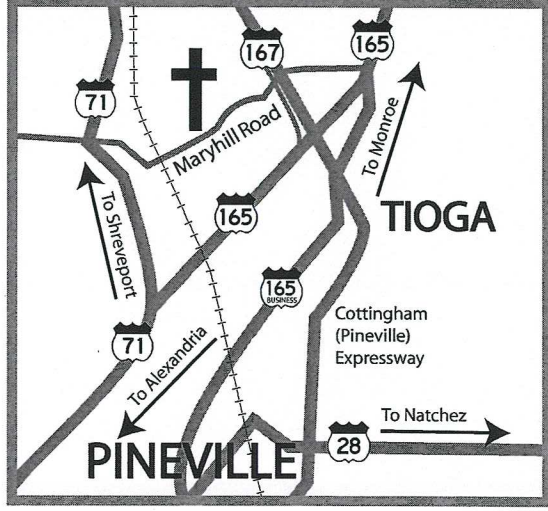
Overnight retreat begins at
9 a.m. on Saturday and ends AFTER 12:30 p.m. Mass on Sunday.

Applicants should be High School students (grades 9-12). Retreat attendees should bring Sleeping Bags, Towels, Pillows, Toiletries, Recreational Clothing, etc.

Please leave radios, cd players, etc. at home.

The cost of a SALT overnight retreat is \$60.00. Please include your payment with your application.

Emergency contact on the weekend of the retreat for SALT: 318-229-6466.



For more information, call the Office of Religious Formation and Training: (318) 445-6424, ext. 221 or fax us: (318) 448-6121

DIOCESE OF ALEXANDRIA
POLICY CONCERNING SUPERVISION OF YOUTH TRIPS & OTHER FUNCTIONS
 Liability & Medical Release & Request to Participate Form
 (This form is to be completed by all who participate, minor and adult.)

Participant's Full Name: _____
 Group Leader: _____
 D.O.B.: ____/____/____ Grade: _____ Home Phone: (____) ____-____
 E-Mail: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____

Name of Event: S.A.L.T. Overnight Retreat
 Destination*: Maryhill Renewal Center
 Designated Supervisor of Activity: Robin Graham and Melanie Dupre
 Date(s)*: January 14-15, 2012 OR February 11-12, 2012 OR March 10-11, 2012
 Method of Transportation: Own transportation
 Cost: \$60 per participant

*One form may be used for all pre-scheduled events, i.e. sporting, academic, extra-curricular, etc.

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

I hereby consent to participation by my child, _____ in the event described above under the guidance and supervision of Rick Soileau from Sacred Heart Church, Diocese of Alexandria.

(Name of group leader) _____
 (Church / School) _____

I understand that this event will take place away from the church / school grounds and that my child will be under the supervision of the designated chaperones on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

The undersigned do hereby release forever, discharge, and agree to hold the Diocese of Alexandria and/or Sponsor (the term "Sponsor" includes the Diocese of Alexandria, all parishes and schools and affiliated programs within it as well as their paid and volunteer personnel) or any Hospital or Medical Center used while on trip/event harmless from and against any and all liability, claims, demands, lawsuits and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever which may be incurred or suffered by the undersigned and/or the participant (if participant is under 18, or 18 and older) while attending activities.

Furthermore, the undersigned hereby assumes all risk of personal injury, sickness, death, damage and expense arising from the undersigned's or participant's (if participant is under 18, or 18 and older) participation in all activities, including recreation and work activities involved in the above activity. In addition, authorization and permission is hereby given to furnish all necessary transportation, food, and lodging for the undersigned or participant (if participant is under 18, or 18 and older).

The undersigned further hereby agree to indemnify and hold the Diocese of Alexandria and/or the Sponsor and/or any Hospital or Medical Center used during the event/trip, and their respective members, directors, employees, and agents (collectively, the "Indemnities"), harmless from and against any and all claims, demands, actions, lawsuits and liabilities, including attorneys' fees and expenses sustained by the Indemnities as the result of the negligent, willful, or intentional acts of the undersigned and/or participant (if participant is under 18, or 18 and older).

If participant is under 18 years of age: We (I), the parent(s) or legal guardian(s) of the participant, hereby grant permission for our son / daughter to participate fully in the above activity and all of its undertakings, and hereby give our permission to take said participant to doctor or hospital and hereby authorize medical treatment, including, but not limited to, emergency surgery, and we, notwithstanding any question of liability involved in this emergency, fully and completely, assume responsibility for all medical bills. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we(I) assume all responsibility and transportation costs.

Indicate below any activities in which you DO NOT wish your child to be involved during this event.

Name of Family Physician: _____
 Phone: (____) ____-____

Allergies? Yes or No Allergic to insect stings? Yes or No Currently on Medication? Yes or No

Please state what allergies and/or current medications (prescribed) your child will bring to this event. (All medication must be well labeled with name of child, name of medication, dosage, and frequency) _____

Medical History: _____

Date of last tetanus shot: _____

In case of an emergency, please contact: _____

Hospitalization information: (write N/A if no Insurance)

Name: _____ Company: _____

Address: _____ Policy number: _____

Day phone: _____ Group Number: _____

Evening phone: _____ Phone number: _____

Cell phone _____ Name of Insured: _____

Father/Mother/Legal Guardian (please print) _____ Father/Mother/Legal Guardian's Signature

Date _____

Participant's Name (please print) _____ Participant's Signature

Date _____

SWORN TO and subscribed before me on this _____ day of _____, 20____.

NOTARY PUBLIC

(Seal)

My commission expires _____