



Holy Family Parish

Presents for the first time a new

true style retreat

For girls grades 7-12
to Celebrate their True Style and
Unique Beauty

Get ready for an incredible weekend just for girls! This retreat is a great opportunity to break away and spend time learning about the mysteries of God and our femininity! Our time together will be jam packed with activities including using our artistic skills, sharing in heart-to-heart talks about issues that affect girls today, and challenging ourselves to use our minds, bodies and spirits to glorify God! You will be inspired by this in-depth look at the feminine heart.

true style

RETREAT

April 16-17

9:30am Sat—Noon Sun

@Bishop Lane



Registration Deadline: April 3rd

Retreat Fee: \$75 (Please make checks payable to Holy Family)

Questions? Call or email Colleen 815.398.4284 or colleen@holyfamilylifeteen.com

Download extra forms at truestyle.org

true style

Name _____

Address _____

Home Phone Number _____ Cell _____

Email _____

School _____ Grade _____ Birthdate _____

Parish _____ Parents' Names _____

Parent Emergency Contact _____

Please mail to: True Style, Holy Family Church, 4401 Highcrest Rd., Rockford, IL 61107 before April 3rd.

INDIVIDUAL YOUTH PERMISSION FORM PARENTAL /GUARDIAN AUTHORIZATION/MEDICAL PERMISSION SLIP

I hereby give permission for my child: _____(insert name of student) to attend the True Style Retreat, April 16-17th at Bishop Lane Retreat Center and I hereby release and indemnify the Holy Family Youth Ministry Program, its volunteers, Holy Family Parish, and the Catholic Bishop of Rockford, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

I grant permission for the administration of first aid to _____(insert name of student).

BY THE PEOPLE OF THE EVENT, and those transporting my child to and from the program as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident, and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parent/legal guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery, if deemed as necessary for my child.

Signature of Parent/Legal Guardian

INSURANCE INFORMATION

Policy in the Name of: _____ Insurance Company & Policy Number: _____