

JMJT

“Carmelite Day 2010”

**A day of prayer and fun with the Carmelite Sisters of the Divine Heart of Jesus
Saturday, August 14th 8:45 a.m. – 4:00 p.m.**

To register, please fill out and return to:

**Vocation Directress
Carmelite Sisters DCJ
10341 Manchester Rd.
St. Louis, MO 63122**

Please include a \$5 donation- checks made payable to Carmelite Sisters DCJ.

Name:

Parent’s Names:

Email address:

Phone number:

Estimated arrival time:

Travel information:

Medical History

Medical History:

Allergies:

Current medications:

Emergency Contact Information

Name and Relationship:

Phone Number: Home:

Cell:

LIABILITY RELEASE

- v I give permission to my above named daughter to attend this Carmelite Retreat.
- v As parent or legal guardian, I remain fully responsible and liable for any claims brought against Carmelite Sisters, DCJ which may result from any action taken by my child.

Parent Signature:_____ Date:_____

EMERGENCY MEDICAL TREATMENT:

v In the event of an emergency, I hereby give permission to the Carmelite Sisters, DCJ to transport my child to a hospital to receive emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

v I relieve the Carmelite Sisters, DCJ of all responsibility and consequences that may arise as a result of this treatment. I will not hold the Carmelite Sisters, DCJ liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of medical treatment.

Parent Signature: _____ **Date:** _____
