

**JMJT**

**“Carmelite Day 2009”**

**A day of prayer and fun with the Carmelite Sisters of the Divine Heart of Jesus  
Saturday, August 29<sup>th</sup> 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**

**Name:**

**Parent’s Names:**

**Email address:**

**Phone number:**

**I will travel by (circle one):    car        train        plane        bus**

**Estimated arrival time:**

**Travel information:**

**Medical History**

**Medical History:**

**Allergies:**

**Current medications:**

**Emergency Contact Information**

**Name and Relationship:**

**Phone Number: Home:**

**Cell:**

**LIABILITY RELEASE**

- ❖ I give permission to my above named daughter to attend this Carmelite Retreat.
- ❖ 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:**

- ❖ 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.
- ❖ 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: \_\_\_\_\_**