



Freshman Retreat 2021

Parental Permission for On-Campus School Activity

**Please read, complete (both sides), and submit to the Campus Ministry Office by
Wednesday, September 8, 2021.**

_____ has my permission to participate in the
Freshman Retreat on September 25-26, 2021.
Name of student - PRINT

I hereby release St. Augustine High School from any responsibility in case of an accident while on this retreat. Permission is also given to administer First Aid or emergency medical treatment.

Date: _____

Phone: (_____) _____

Email: _____@_____

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____

St. Augustine High School
Office of Campus Ministry
3266 Nutmeg Street
San Diego, CA 92104

**All freshmen will receive a retreat T-shirt at the end
of the retreat.**

Son's T Shirt Size

S M L XL XXL XXXL

TO SUBMIT FORM BY EMAIL: campusministry@sahsonline.org

FRESHMAN RETREAT 2021

Dear Saints Freshman:

On behalf of the Campus Ministry office, welcome to SAINTS! This letter is to remind you about the 21st Annual Freshman Retreat, to be held on Saturday, September 25th, and Sunday, September 26th.

Freshman Retreat is mandatory. It is extremely important that you turn in this permission slip. *You will be unable to participate in the retreat if we do not receive your permission slip.*

IMPORTANT INFO:

1. You will check in at 9:00 AM Saturday, September 25th. **Check-in will be in the foyer of the St. Augustine Commons. One parent is expected to attend the morning sessions with their son. Parents can expect their morning participation to conclude by 11:45am. Students will be dismissed on Saturday, 9/25 at 8:30pm.**
2. On Sunday, September 26th, students are expected to check in at **8:30am in the St. Augustine Commons. Parents and family are invited to return to campus to join us for our closing Mass at 10am, after which the retreat will be dismissed.**
3. No electronic devices, they will be confiscated.
4. Please fill out the medical information below before you return the permission slip, including food allergies.
5. Bring an open heart and an open mind.

We look forward to having you and welcoming you officially to the Saints community!

Respectfully,
Ms. Rebecca Hammock
Director of Campus Ministry
(619) 282-2184 x5595
rhammock@sahs.org

MEDICAL INFORMATION

Student Name (PLEASE PRINT) _____

An emergency contact can be the parents or other adults that are available.

(1) Emergency Contact: _____ Relationship: _____

Phone: _____

(2) Emergency Contact: _____ Relationship: _____

Phone: _____

MEDICAL CONDITION(S): _____

PRESCRIPTION INFORMATION: _____

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