

St. John Fisher Retreat Registration Form

Name _____ Today's Date _____

Mailing Address _____ Phone _____

Email _____ Are you an OU student? _____

Birthday _____ Religion _____ Have you made a retreat before? _____

Do you have any allergies or medical issues we should know about? _____

Are you a vegetarian? _____ Circle your T-shirt size S M L XL XXL

What do you hope to gain from this retreat? _____

Please tell us three little things about you (hobbies, musician, major, etc.)

1.

2.

3.

Payment due at time of registration. Make Check Payable to St. John Fisher.

Return this form to St. John Fisher
Attn: Lisa Brown, 3665 E. Walton Blvd., Auburn Hills, MI 48326

Details: (Where and when to meet, what to bring, etc...)
will be sent to you via email about a week before the retreat.

If you want more information call Lisa Brown @ 373-6457 ext. 3106 (on-campus ext. 2189)
or email abad@oakland.edu.

EMERGENCY FORM

Your Name _____

Person to contact in case of emergency:

Name: _____

Phone: _____ Relationship _____

Address: _____ City, State _____

In addition, could you supply us with some basic medical information?

- ◆ Do you have a family Doctor?

Name: _____ City: _____

Phone: _____

- ◆ Are you currently on any medications? If so, please list below:
- ◆ Do you have any medical conditions/allergies that it would be important to know about in case of an emergency? If so, please list below:
- ◆ What is the name of your insurance company? Medical insurance number? A copy of BOTH SIDES of your insurance card is preferable if possible.

EMERGENCY INFORMATION

In case of an emergency, students may be contacted via Lisa's cell phone at 586-306-5254 OR via St. John Fisher Parish, 3665 E. Walton Blvd., Auburn Hills, MI 48326, (248) 373-6457, suekburatto@ameritech.net

AGREEMENT & RELEASE

The undersigned desires to participate in a retreat Sponsored by Oakland University and St. John Fisher University Parish trip to take place (date)_____.

I, _____ acknowledge that my participation in this trip is by my personal choice, and that it is an entirely optional activity. I understand the risks involved in this activity and expressly assume those risks.

In consideration of participation in this trip, including car transportation to and from the site and during the time at the site, I hereby waive, release and agree to indemnify and hold harmless Oakland University and/or St. John Fisher Parish U.P., its trustees, officers, employees, and agents, of and from any and all actions, causes of action, suits, relating to or arising from my participation in this activity.

I have read and understand the foregoing.

Signature _____ Date _____