

# MCLI Registration

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MALDEN CATHOLIC LEADERSHIP INSTITUTE • 4-7 AUGUST, 2016

- For over twenty consecutive summers, Malden Catholic is pleased to offer a leadership retreat—Malden Catholic Leadership Institute—for members of the class of 2016. To reserve a spot on MCLI please complete this registration form and the attached permission slip and return it to the Office of Campus Ministry at the earliest opportunity with a non-refundable deposit of \$175. Partial or full payment should accompany the application form so a place can be reserved for you.  
**Open registration will run through June 20; after that date, you must contact campus ministry**

student's name:	_____	t-shirt size:
street address,	{ _____	Circle
city, state, ZIP:	{ _____	S
home phone:	_____	M
summer address	{ _____	L
if different:	{ _____	XL
summer phone:	_____	XXL
parent's e-mail: (print)	_____	

Student's email (print) \_\_\_\_\_

**Overview:** MCLI began as a small program to prepare class officers and team captains for their respective leadership roles, but quickly expanded by popular demand. In the past few years, nearly 70% of the senior class has chosen to attend MCLI, which nowadays really kicks-off senior year as a powerful bonding experience for upperclassmen and provides each student with time and space to reflect on and prepare for the numerous critical decisions he'll need to make in his final year of high school—decisions about leading his own life and leading others by example.

**Dates/Times:** Thursday August, 4 at 8:30 AM, through Sunday, 7 August, at 1:00 PM

**Location:** MCLI will be held on the beautiful ocean front campus of Endicott College, Beverly, Ma.

**Cost:** MCLI costs \$350 per person, but only the \$175 non-refundable deposit is due with this form. The \$ 175 balance will be due on the last day of classes, though you may choose to pay the entire \$350 at the time of your registration if you wish. (Please address checks to Malden Catholic High School.)

**Roommates:** Roommates (one name plus your own.) Be sure the person you choose is coming and have that person write your name on his application.

1. Your name
- 2.

**Further Questions:** Please contact campus ministry—via e-mail at [driscollm@maldencatholic.org](mailto:driscollm@maldencatholic.org) (Mrs. Driscoll) or [driscollmi@maldencatholic.org](mailto:driscollmi@maldencatholic.org) (Mr. Michael Driscoll) or by phone at 781-322-3098 ext.319

# MCLI

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## PERMISSION SLIP AND MEDICAL AUTHORIZATION

I / We, the parent(s) / guardian(s) of \_\_\_\_\_, request that my / our son to participate in **Malden Catholic's Leadership Institute (MCLI)** on **4-7 August, 2016**, held principally at Endicott College, Massachusetts; and further, that he be allowed to participate in all events, tasks, and activities deemed appropriate for this program or service trip—including such things as various athletic activities, community service, and travel off of Endicott College property on the morning of service by means of bus, van, and any other vehicle arranged by school personnel.

I / We understand that my / our son is expected to behave in accordance with the guidelines set forth in the student / parent handbook. (Whenever possible, chaperones will attempt to contact parents / guardians in the event of a student's unacceptable behavior.)

I / We also hereby give my / our permission for the emergency medical treatment of my / our son, \_\_\_\_\_, who is a student of Malden Catholic High School. I / We hereby authorize the bearer of this document to authorize medical personnel to administer medical care to my / our son, in the event that I / We cannot immediately be reached. Moreover, I / We authorize the bearer of this document to take whatever steps are deemed necessary for the welfare of my / our son.

I / We hereby release and save harmless Malden Catholic High School and any and all of its employees from any liability for any harm arising to my son as a result of this trip (ie MCLI)

\_\_\_\_\_  
signature of parent / guardian

\_\_\_\_\_  
relationship to Malden Catholic Student

\_\_\_\_\_  
parent's / guardian's name printed

\_\_\_\_\_  
today's date

(over)

student's name: \_\_\_\_\_

student's date of birth: \_\_\_\_\_

student's home address: { \_\_\_\_\_  
 { \_\_\_\_\_

telephone numbers at { \_\_\_\_\_

which you can be reached: { \_\_\_\_\_

{ \_\_\_\_\_

{ \_\_\_\_\_

which you can be reached: { \_\_\_\_\_  
 { \_\_\_\_\_  
 { \_\_\_\_\_

name & telephone number { \_\_\_\_\_

of your son's physician: { \_\_\_\_\_

any medications your son takes, including dosages:

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medications to which your son is allergic:

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list any other allergies (foods, etc.):

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health insurance provider: \_\_\_\_\_

policy holder's name: \_\_\_\_\_

policy / group number: \_\_\_\_\_

card number / ID: \_\_\_\_\_

telephone number(s) on card: \_\_\_\_\_

any other information we may need (eg, diagnosed or chronic illnesses):

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