

## St. Patrick's Life Teen 2011 Fall Retreat – IN THE FLESH

Thank you for considering our fall retreat. It will be an awesome experience for the youth of our parish community. Below are the general details:

**Name of Event and Cost:** Life Teen 2011 Fall Retreat “In The Flesh” - \$50 per youth (covers Room & Board, all meals and retreat shirt)

*If cost may restrict a youth from attending please contact Pamela Griffin at 402-719-1227. There are sponsors willing to ensure youth have this opportunity.*

**Purpose of Event:** “In The Flesh” - The goal of the retreat is to empower all the teenagers to make personal commitments to change the way they are living and to instead live for Christ. The teens will be able to recognize the sin in their lives, reconcile that sin, and make a commitment to change their lives. Furthermore, they will have the opportunity to join together with their peers to keep that commitment and set a foundation to walk the walk in their daily lives. This decision will allow Christ to become so present in their lives that when they leave the retreat they will be living witnesses to the world or Christ “In the Flesh” to those they encounter at home, in school, and everywhere they go.

**Location:** Camp Rivercrest- 2840 County Road 13, Fremont - (402) 628-6465

**Date and Time of event:**

Starting at 8:15 a.m., Saturday, November 12<sup>th</sup> - Meeting at the Community Center (next to parish office) to leave for camp.

Ending with a special 5p.m. Life Teen mass Sunday November 13<sup>th</sup> at St. Patrick's Catholic Church – parents, family and friends are encouraged to attend mass, youth will sit together and join parents after mass.

**Transportation:** Bus Transport and / or Parental Volunteer Transport

**Please submit payment with the registration. Registrations can be brought to Life Teen Mass / Life Night and given to Pamela Griffin. Or they may be dropped off at the parish office attention RF / Life Teen. If you are dropping registrations off at the office, please notify us by phone / text (402-719-1227) or email ([president.cli@gpcom.net](mailto:president.cli@gpcom.net)). Our hope is to have all registrations in by Monday, October 31<sup>st</sup> to guarantee shirts. Registrations accepted after that time may not receive a retreat shirt.**

**What to Bring:**

- Sleeping Bag or Bedding & Pillow
- Snack to Share on Snack Table During Retreat – may be refrigerated as needed
- Comfortable Clothing
- Clothing For Mass (will wear Retreat T-shirts)
- Personal Items
- If you have a personal bible, you are welcome to bring it as well.

**What Not To Bring:**

- Cell Phones
- I-pods – MP3 Players
- See Code of Behavior for Further Information

**St. Patrick's Life Teen 2011 Fall Retreat**  
**Youth Code of Behavior**

We are happy and excited that you are joining us as part of **St. Patrick's Life Teen Program**. The *Code of Behavior* has been developed as a way of helping participants understand what is expected of them during the event, and of making the learning experience a healthy and growing one for all involved. Please read through the *Code* carefully, as you will be expected to honor and uphold it throughout your time with us.

- As necessary as rules are to maintain order, they can't and won't guarantee a successful event experience. Success depends on people's willingness to work together for the common good.
- Participants take part in **St. Patrick's Life Teen Program** as part of a parish or school team. The recommending adult leader of each team maintains primary responsibility for the actions of his/her team members. The families of participants assume responsibility for any damage done to the housing facilities.
- While participating in the **St. Patrick's Life Teen Program** we ask that you do not invite friends who are not registered for this event to come and visit you.
- Participants are expected to attend all sessions and community activities. Name badges should be worn during all program activities.
- Dress throughout the **St. Patrick's Life Teen Program** experience is casual but appropriate for a Christian environment. T-shirts/sweatshirts with alcohol, tobacco or sexual overtones are not acceptable, nor is clothing exposing any part of under garments or clothing that causes distraction from the intent of the program. Sleepwear is only permitted in the sleep areas.
- Socializing should take place only in the designated public area of the housing facility. No visiting is allowed in sleeping areas occupied by the opposite sex without the permission and presence of an adult leader.
- Christian behavior is expected at all times. Respect for individuals, the community and the facilities is required. Teasing, harassment (this includes bullying), sexual jokes, inappropriate displays of affection, etc. are considered inappropriate for this Christian environment.
- Each day will be a busy one-making adequate sleep a necessity. Participants must be in their respective rooms by curfew time. The noise level in the sleeping areas should be kept to a minimum. Scheduled quiet and silent times must be honored.
- **St. Patrick's** adheres to the State Statutes in regards to tobacco products, therefore tobacco products are not allowed by anyone under the age of 18.
- The purchase, possession or consumption of alcohol or drugs by participants will result in immediate dismissal from the program. Major infractions of the Code of Behavior and other inappropriate behavior will meet with the same consequences.

**Parent or Guardian:** I agree that my child shall abide by the rules and regulations outlined in the **St. Patrick's Life Teen Program Code of Behavior**, I have reviewed it and discussed the Code with my child prior to signing this form. I agree that if my child fails to consistently abide by the Code or engages in a serious infraction of the Code, he or she may be immediately dismissed from the **St. Patrick's Life Teen Program** and sent home at my expense.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Youth Participant:** I understand and agree to the **St. Patrick's Life Teen Program Code of Behavior**, I also understand that my parent(s) or guardian will be notified at the time of any infractions requiring my dismissal from the program and that I will be sent home at my own or their expense. (Your signature must appear below in order to participate in the **St. Patrick's Life Teen Program**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

St. Patrick's Life Teen 2011 Fall Retreat

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex \_\_\_ Shirt Size \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my youth, \_\_\_\_\_,

Parent or guardian's name

Youth's name

to participate in this Archdiocesan youth ministry event that is located away from the parish/school site. This activity will take place under the guidance and direction of Archdiocesan parish/campus youth ministers and/or volunteers from parishes/schools.

A brief description of the event follows:

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As parent and/or guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or heirs, successors, and assigns, to hold harmless and defend **St. Patrick's Catholic Church / Life Teen Program**, its officers, directors and agents, and the Archdiocese of Omaha, chaperons, or representatives associated with the event arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith and I agree to compensate the parish/school, its officers, directors and agents, an the Archdiocese of Omaha, chaperons, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Parent or Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release:** Pictures of my child taken during the event may be used in print or electronic media for the purposes of publicity for future events, unless I indicate to the Archdiocesan Coordinator of Youth Ministry in writing to the contrary.

## MEDICAL MATTERS

Participant Name \_\_\_\_\_

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. **(Of the following statements pertaining to medical matters, sign only those that are applicable.)**

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Medical Treatment:** In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Archdiocese of Omaha, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medications:** My child is taking medication at present. MY child will bring all such medications necessary, and such medications will be well-labeled and provided to a designated adult leader. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Sign 'a' or 'b', not both**

**a)** No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**b)** I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Specific Medical Information:** The parish/school/Archdiocese will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does the child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Is the child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting? \_\_\_\_\_

Has the child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? If so, date and disease or condition: \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_