



# High School Fall Retreat

**Sunday, Oct. 1st**

**Time: 10am—6pm**

**Location: Columban Fathers (1902 Calhoun Street, Bellevue)**

**Cost is \$25 (includes lunch)**

We will conclude with 5pm mass in the Columban chapel. Parents and families are encouraged to join us!

Please fill out the attached forms and return to the Youth Ministry office or church rectory.

*Make checks payable to St. Mary's Church.*

**Payment/Registration is due by Sept. 27th**

Retreat will be led by the NET ministry team ([www.netusa.org](http://www.netusa.org)), a national group of young adult Catholics committed to spreading the Gospel and embracing the life of the church.

# Parental/Guardian Consent Form & Liability Waiver

Participant's name \_\_\_\_\_

Participant phone (if applicable) \_\_\_\_\_

Birth date \_\_\_\_\_ Gender \_\_\_\_\_ School & Grade \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

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

Parent Email \_\_\_\_\_

Parent phone \_\_\_\_\_

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:

**Name of Event:** High School Fall Retreat 2017

**Date/Location:** Sunday, Oct. 1st– Columban Fathers in Bellevue

As parent and/or guardian, I remain legally responsible for any personal actions taken by the above named child. I agree on behalf of myself, the child named herein, and any heirs, successors, and assigns, to hold harmless, indemnify, and defend St. Mary's Church of Bellevue, the Archdiocese of Omaha, and their officers, directors and agents, chaperones, 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 the child named above or others may incur in connection therewith.

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, unless I email the St. Mary's Youth Ministry office ([will.targy@stmarysbellevue.com](mailto:will.targy@stmarysbellevue.com)) and indicate that I do not consent.

# Medical Information

Youth Participants must complete this form

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.

**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:

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Health Plan Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**Parent/Guardian 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 notified:

Phone number: \_\_\_\_\_

**Parent/Guardian 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. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

\_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Check one of the following:

\_\_\_\_\_ 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.

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

**Parent/Guardian 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/condition \_\_\_\_\_

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

\_\_\_\_\_

# Youth Code of Conduct

The Code of Conduct has been developed as a way of helping participants understand what is expected of them during the event. Please read through the Code carefully, as you will be expected to honor and uphold it throughout your time with us.

All participants are asked to maintain a positive attitude and an openness to the activities during the retreat.

The parish coordinator and chaperones maintain primary responsibility for the actions of their team members. The families of participants assume responsibility for any damage done to the facilities.

You may bring a cell phone, but please use it only in case of an emergency. Please do not text during the retreat. Cell phones may be confiscated at the discretion of your chaperone if they become a problem.

The dress code is casual and modest i.e. jeans or long shorts, shirts/t-shirts and tennis shoes. No cutoffs or short-shorts, low riding pants, tank tops, belly-shirts, sport bras, or t-shirts with suggestive or violent language, advertising tobacco or alcohol.

Christian behavior is expected at all times. Respect for individuals, leadership and the facility is required. Teasing, harassment (this includes bullying), sexual jokes, inappropriate displays of affection, and other demeaning behavior are considered inappropriate for this Christian environment.

Archdiocese of Omaha 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 Youth Ministry Code of Conduct, 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 High School Retreat and sent home at my expense. This also may mean unaccompanied in certain circumstances.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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