

St. Maximilian Kolbe Catholic Community 8th/9th Grade Retreat

April 28th – 30th, 2017

FOR WHOM: This is a retreat for all 8th and 9th graders and can also be a make-up retreat for 10th Grade Pre-Confirmation students.

WHERE: Camp Allen Retreat Center, Navasota, TX

TRANSPORTATION: Bus service will be provided.

DROP OFF/PICK UP INSTRUCTIONS: Retreatants will meet at St. Max at 4:45 p.m. Friday afternoon, April 28th. The bus will leave at 5:45 p.m. On Sunday, the bus will depart Camp Allen at 10:30 a.m. and bring the retreatants back to St. Max. Mass will be celebrated at the Retreat Center on Saturday night, April 29th, so we will not be attending the noon mass on Sunday afternoon.

MEALS: There will be **NO dinner served Friday when we arrive to Camp Allen**. Pizza will be provided before getting on the bus. If your retreatant does not want pizza, please make sure they have something to eat. Breakfast, lunch and dinner will be provided on Saturday. Sunday breakfast will be provided.

REGISTRATION & COST: The fee for attending the retreat is \$100 per person. Checks may be made out to “St. Maximilian Kolbe” with “8th/9th Grade Retreat” in the memo section. **ALL forms, including Code of Conduct, Medical Consent, Permission Form and Retreatant Questionnaire, MUST be turned in no later than April 16th/Easter Sunday.**

PARENT/STUDENT MEETING: Parents and students must attend an informational meeting on **Sunday, April 23rd, 2017 at 2:30 pm in St. Maximilian’s Kolbe Hall.**

RULES: All registered youth must be present for the entire retreat. Youth are expected to follow the rules set forth in the Code of Conduct, as well as any verbal instructions from the Youth Minister or chaperone during the retreat. Should behavior of a youth be judged unacceptable by the adult retreat team, a parent will be called to pick up the youth.

BRING: A Bible, bedding & pillow (twin), towel and toiletry articles, rain gear, insect repellent (we will also bring some), comfortable clothes, sneakers, shower shoes, and snacks to share. Also, please bring any medication in the original, labeled container that may be needed on the retreat. This includes aspirin or Tylenol. All medications, including non-prescription medications, should be labeled and listed on the registration/Medical Release form. **Medications must be personally delivered to Jenn Henkel by an adult during Drop Off.**

QUESTIONS: Please contact Jenn Henkel at jenn@stmaximilian.org or 609-206-0687.

Camp Allen Contact Information:

Address: 18800 FM 362,
Navasota, TX 77868

Phone: (936) 825-7175

Website: www.campallen.org

*Diocese of Galveston-Houston / Office of Youth Ministry
St. Maximilian Kolbe Catholic Community*

**PARENTAL/GUARDIAN CONSENT, LIABILITY WAIVER
AND MEDICAL CONSENT**

Participant's Name: _____ Date of Birth _____
 Participant/Youth Cell Phone Number: _____
 Home Address _____
 City _____ Zip Code _____
 Parent/Guardian _____ Home Phone (____) _____
 Alternate Phone Number: (____) _____ Cell Phone Texts
 Parish _____ Grade _____ Age _____ Sex _____

T-Shirt Size:

Sm
 Med
 Lg
 ExLg
 XXLg

>>>>>>> Registrations received after APRIL 16th are not guaranteed a t-shirt.<<<<<<<<<<<<<

CONSENT AND LIABILITY WAIVER

Important! To be filled out by the Parent/Guardian for youth under 18 years of age. If participant is 18 years of age or older, consent must be signed by the individual)

I (Name of parent/guardian) _____, grant permission for my child,
 (Participant's name), _____ to participate in (event):

8th/9th Grade Retreat _____ to be held (date) **April 28th – 30th, 2017**

at (location): **Camp Allen Retreat Center** _____.

I agree on behalf of myself, my child's other parent if known or living (name of parent) _____
 _____. My child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Galveston-Houston, the sponsoring parish (its pastor, youth minister, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless or negligent.

Signature (Parent/Guardian) _____ Date _____

Signature (Participant 18 years of age or older must sign own consent) _____ Date _____

PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event.

Signature (Parent/Guardian) _____ Date _____

Participants Name: _____

MEDICAL CONSENT

Medical Matters

I hereby warrant 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 in accordance with your wishes:

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 and you are unable to reach me, contact:

Name & Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows

My child is taking the following medication at the present time.

Medication(s): _____ Dosage: _____

Administer: _____

_____ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information

(Diocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has: _____

Has had an episode the following or has been diagnosed: Seizures Asthma Diabetic

Allergic reactions to the following (foods, dyes, latex etc.): _____

Has had a medical surgery within the last six months? Yes No Still under doctor's care? Yes No

Has a medically prescribed diet? _____

The following physical limitations? _____

Immunizations current and up to date: Yes No Date of last tetanus/diphtheria immunization _____

You should also be aware of these special medical conditions of my child: _____

Insurance Information

(Please attach a copy of the Insurance Card, front and back, with this form)

Insurance Carrier: _____ Insurance Policy Number: _____

Name of Insured: _____ Insurance ID Number: _____

Father's Name: _____ Birth Date: _____

Place of Employment: _____

Mother's Name: _____ Birth Date: _____

Place of Employment: _____

No, I do not carry medical insurance at this time.

In the event that a child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, parents will be called immediately.

I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

Signature (Parent/Guardian) Parent/Guardian must sign for anyone under 18 years of age.

_____ Date

Code of Conduct

We want to do our best to behave in the way Jesus taught us, "Treat others the way you would want them to treat you."

I will **treat the retreat team with respect**. They have spent a great deal of time preparing for this retreat and deserve my full attention and appreciation. Criticism and comments must be constructive and loving.

I will wear **appropriate, modest clothing**, with no suggestive, political, or profane messages.

I will use **respectful language**. Back talk, rudeness, bullying, profanity, suggestive/sexual remarks, insults, lies and general disrespect will not be tolerated. I will not promote any view contrary to the teachings of the Catholic Church.

I will **be polite and use good manners**. I will take my own place in line. I will say, "Please" and "Thank you." If I make a mistake and act in a rude manner, I will say, "I'm sorry."

I will **behave in a manner that is safe and non-threatening**. Physical contact, wrestling, rough-housing and violating personal space may be threatening to some people. I will respect other people's boundaries and report any illness or injury to the Youth Director at once.

I will **behave in a way that will help others to trust me**. I will show respect for, listen to and follow the instructions given by adults and young adults. I will use my phone only during permitted times. I will stay within the assigned areas.

I will remain in assigned, designated areas of the camp. **I will not enter the sleeping area of a member of the opposite sex.**

I will **respect all the property** at Camp Allen. I will take care of my own trash and dispose of it properly. I will keep restrooms clean. I will be financially responsible for any damage I cause at Camp Allen.

I will wear a provided **name tag at all times** so that I may be easily identified.

I understand that the St. Maximilian Kolbe Youth Program has a Zero Tolerance Policy regarding drugs, weapons (guns, knives, etc.) and sexual misconduct. I will not consume any illegal drugs, alcohol or tobacco before, during, or after the retreat. I will not participate in any sexual activity. *I will not behave in any manner that may cause **suspicion** that these activities would be occurring.* **Violation of this policy will result in an immediate removal from retreat activities.** Parents/guardians will be contacted to pick up the child and if appropriate, law enforcement officials will be notified.

I have read and I understand these guidelines and conditions and agree to follow them. I understand that my failure to do so may result in my removal from retreat activities, and that my parent/guardian will immediately be called to pick me up from Camp Allen.

Signature of Teen

Date

Signature of Parent/ Guardian

Date