

SUMMER RETREAT HIGH SCHOOL

- WHEN IS IT?** The retreat date is Fri-Sun July 23-25,2010. Drop off at 4pm at Holy Redeemer.
- WHERE IS IT?** The retreat will be held at Lewis River Campground in Yacolt, WA
18334 NE Lucia Falls Rd., Yacolt, WA, 98675
- WHAT IS THE COST?** The cost of the retreat is \$75 per person. This includes 2 nights lodging, all meals, and supplies. Checks should be made out to Holy Redeemer Parish.
- SPECIAL INFORMATION** There will be no students leaving early, or leaving and returning in the middle of the event *without specific permission* given by Jamie. In the event a student leaves without the retreat leader's knowledge, they will not be permitted to return.
- WHAT TO BRING?** A Bible, CDs, sleeping bag, pillow, toiletries, clothes, towel, a **small snack to share with everyone** (to be turned into the kitchen upon arrival)
- WHAT NOT TO BRING?** The following items are subject to confiscation during the retreat and will be returned to parents upon pick-up at the church on Sunday.: iPods, radios, cell phones, iTouchs, PSPs, comic books, private snacks, bad attitudes, fireworks, alcohol, tobacco, or drugs of any kind,, or weapons—including slingshots, knives, guns, etc.
- WHEN IS IT OVER?** Students should be picked up at Holy Redeemer at 1:30pm on Sunday
- QUESTIONS???** Call Jamie at the parish office: 885-7780 x13

HIGH SCHOOL SUMMER RETREAT

July 23-25, 2010

Students arrive at Holy Redeemer Parish at 4pm,
Students should be picked up at Holy Redeemer at 1pm.

I understand that my child, _____,

(PLEASE PRINT THE PARTICIPANT'S NAME)

will be a participant in the Holy Redeemer Summer Retreat. I have reviewed the information about this event and its activities and give my permission for my child to be involved in the activities of this event.

I understand and agree that if my child has to return home early for discipline violations it will be at my expense and time.

I understand that all reasonable safety precautions will be taken at all times by Holy Redeemer, leaders, and agents, including volunteers, during the activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk of such activities and I agree not to claim Holy Redeemer and all personal liable for damages, losses, diseases, or injuries incurred by my child and will indemnify Holy Redeemer and persons against such a claim by anyone else.

Parent/Guardian Name (PRINT) _____

Parent/Guardian Signature _____

Parent's Phone Number _____

Today's Date _____

Student Registration Packet

Retreat Guidelines

These guidelines are to help make the youth activities of Holy Redeemer safe and memorable. Please read these guidelines carefully together as parent and youth. After reading them, please sign at the bottom of the back page and return this form with the permission form and the medical release form. Any questions, comments, or concerns can be expressed to the Pastoral Assistant for Faith Formation, Jamie Kohler, at 885-7780.

1. CHAPERONES

The Pastoral Assistant for Faith Formation and the adult supervisors are in charge of the retreat and its activities. If any emergency or unfortunate situation occurs, they are to be informed of it immediately.

2. CURFEWS AND QUIET TIMES

The Pastoral Assistant for Faith Formation and adult chaperones will set curfews on a nightly basis. There is to be no one outside of the designated sleeping area after curfew. If an emergency arises during the night, alert the adult sleeping closest to your room. Please make bathroom stops before going to bed.

3. PARTICIPATION

Every person attending the retreat will participate in all of the scheduled activities unless unable to do so because of physical injury or illness. Participants are not allowed to wander away from or leave the retreat premises without an adult chaperone or parent. Participants are expected to remain on the retreat premises throughout the entire weekend.

4. FIREARMS, WEAPONS, AND FIREWORKS

Teens are not allowed to have firearms, knives, slingshots, or any other weapon, or fireworks of any type in their possession at any time during the retreat.

5. ALCOHOL AND ILLEGAL DRUGS

Under no circumstances may alcohol, tobacco of any kind, or illegal drugs be part of any Holy Redeemer outing.

6. UNCONTROLLABLE BEHAVIOR

Any teen that cannot be controlled by the Pastoral Assistant for Faith Formation or adult chaperones will not be tolerated. Parents will be contacted immediately and asked to come pick their student up—no matter what time, day or night.

7. JOBS AND CHORES

All teens may need to perform important task that help the retreat run smoothly, so please do your part when asked.

8. SLEEPING QUARTERS

All sleeping quarters will remain segregated by gender. No men are allowed in the women's rooms. No women are allowed in the men's rooms.

9. EXCESSIVE NOISE

Any adult supervisor or chaperone may quiet disruptive and loud noises at any time.

10. FREE TIME

During free time, youth will remain on the retreat premises and within the boundaries set by the adult chaperones. There will be some free time for each person's rest and relaxation, but please be sure to follow the time limits that are set, so you do not delay any of the other activities of the retreat.

11. ENFORCEMENT POLICY

Any infraction of these guidelines will result in immediate contact of parents, and youth will be asked to return home *at the cost and time of the parents or legal guardians no matter what time day or night.*

I, _____, have read these guidelines with my parents, and I agree to follow them. I understand that in the event that I fail to abide by them, appropriate means of reprimand will result. Also, I understand that at any time day or night, my parents may be contacted regarding my behavior and may be asked to come get me and take me home.

Youth Signature

Date

Parent's Signature

Date

**Student Registration Packet
Emergency Medical Authorization
For the Holy Redeemer Summer Retreat, July 23-25, 2010**

PARTICIPANT'S NAME _____ BIRTH _____

Purpose: This form enables parents and guardians to authorize the provision for emergency treatment for children who become ill or injured while at the Holy Redeemer Retreat when parents or guardians cannot be contacted. Consent to seek such treatment is granted specifically to official adult representatives and chaperones of Holy Redeemer Parish.

TO GRANT CONSENT

NAME OF PARENT OR GUARDIAN _____

HOME ADDRESS _____

HOME TELEPHONE NUMBER _____

FATHER'S WORK PLACE _____ PHONE # _____

MOTHER'S WORK PLACE _____ PHONE # _____

REGULAR PHYSICIAN _____ PHONE # _____

In the event that reasonable attempts to contact the above named have been unsuccessful, I hereby give my consent for any treatment deemed necessary for my son or daughter named on this form by a licensed physician.

HOSPITAL _____ PHONE# _____

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

FAMILY INSURANCE COMPANY _____

POLICY # / GROUP # _____ PATIENT # _____

If the parents cannot be reached, the alternate person to notify in the event of injury or illness is:

ALTERNATE CONTACT PERSON _____ PHONE# _____

PARTICIPANT'S MOST RECENT MEDICAL HISTORY:

SPECIAL DIET _____

ALLERGIES _____

MEDICATION CURRENTLY BEING TAKEN _____

PHYSICAL IMPAIRMENTS _____

VACCINATIONS OR BOOSTERS *IN THE PAST YEAR* _____

SERIOUS ILLNESS OR ACCIDENTS *IN THE PAST YEAR* _____