St. Mary St. Helen

 **LIFE TEEN**

Freshman Retreat 2018

Incoming Freshmen are invited to join us for a

little taste of LIFE TEEN on their very own retreat!

 A great combination of the spiritual and fun sides,

this retreat will get you ready and raring to join us!

**Location: St. Mary Church**

**Begins:** Saturday, September 15th, 1:00pm

**Ends:** Sunday, September 16th,3:30pm

Followed by a 5:00pm Mass at **St. Helen Church**

**Cost: $25**

**$30** (firm) for applications received **after September 12th**

Turn in completed application & check payable to St. Helen Life Teen

to the LIFE TEEN office - **NO LATER THAN SEPTEMBER 12th**

Grab your gear and let’s go!

* Bible and a Rosary
* Sleeping bag/pillow
* Overnight toiletries (including “public p.j.’s”)
* There are no shower facilities at the St. Mary “Hilton” so plan accordingly
* Comfortable/appropriate clothes – THERE IS A MESSY EVENT PLANNED – PLEASE BRING SUITABLE CLOTHING.
* Appropriate clothes/shoes for outdoors
* Sweatshirt for air conditioned rooms or chilly outdoors.
* A favorite snack to be shared
* AN OPEN MIND AND AN OPEN HEART!!!
* **DO NOT BRING**: Cell phone, any electronic equipment (iPod,iPad,MP3,computer),

 Pop, tobacco, any beverage containing CAFFEINE, drugs or alcohol

**LIFE TEEN FRESHMAN RETREAT**

# September 15th – 16th

App #\_\_\_\_

Paid $\_\_\_\_

Ck#\_\_\_\_\_\_

Date\_\_\_\_\_

**REGISTRATION FORM**

# **PARTICIPATION/EMERGENCY MEDICAL FORM**

Participant name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Whose? \_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent work phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/name \_\_\_\_\_\_\_\_\_\_\_

**If we cannot be reached in case of emergency please call**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_relationship to minor\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTS INTERESTED IN HELPING WITH THE “KITCHEN CREW”**

YES, PUT ME ON THE LIST TO HELP WITH FOOD PREPARATION. I UNDERSTAND THAT I WILL BE CONTACTED WITH MORE DETAILS. (HELP NEEDED WITH: Saturday dinner, Saturday late snack, Sunday breakfast, and Sunday Lunch)

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TEEN STATEMENT OF RESPONSIBILITY:**

I request to participate in the St. Mary St. Helen Parishes LIFE TEEN Retreat. I understand that by requesting to go, I am promising to cooperate with the retreat team, the LIFE TEEN Core Staff, and the Holy Spirit. I understand that the intention of the retreat is to help form community & to bring me closer to God. I promise to follow instructions & be open. I ALSO REALIZE THAT I MAY NOT BRING OR USE ANY TOBACCO PRODUCTS, ILLEGAL DRUGS OR ALCOHOL. I UNDERSTAND THAT POP, CELL PHONES, WATCHES, IPODS OR ANY ELECTRICAL EQUIPMENT WHATSOEVER, ARE NOT PERMITTED. I HAVE READ AND WILL COMPLY WITH THE “TO BRING/NOT TO BRING LIST.” I UNDERSTAND THAT TO BREAK THE RETREAT RULES OR TO ACT UNSAFELY OR IRRESPONSIBLY WILL RESULT IN MY DISMISSAL FROM THE RETREAT INTO MY PARENTS’ CARE.

**TEEN SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT STATEMENT OF RESPONSIBILITY:**

I request that my son/daughter accompany the LIFE TEEN Core Staff and teens to the St. Mary St. Helen Parish LIFE TEEN Retreat. I support the right of the group’s leaders to have me come & pick up my teen at any time if given just cause. I UNDERSTAND THAT MY TEEN IS NOT PERMITTED TO BRING POP, A CELL PHONE, WATCH, IPOD OR ANY ELECTRICAL EQUIPMENT WHATSOEVER. I HAVE READ AND UNDERSTAND THE “TO BRING/NOT TO BRING” LIST.”

**PARENT SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Consent Form and Liability Waiver**

I, as the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_do hereby grant permission for my child to participate in the St. Mary St. Helen Parishes LIFE TEEN Retreat. I acknowledge that the aforesaid participant will be involved in physical activities that may cause injury and that there may be risks foreseen and unforeseen. I agree by my signature to release, absolve, indemnify, and hold harmless St. Mary Parish, Hudson, Ohio, and St. Helen Parish, Newbury, Ohio, their employees and agents; The Roman Catholic Diocese of Cleveland; The Bishop of the Roman Catholic Diocese of Cleveland their successors and assigns from any and all liability for injury, medical fees, hospital bills, or doctor bills of aforesaid participant as well as all debts, claims, demands, costs, expenses, damages, actions, and causes of actions -- I waive all claims of any kind against those mentioned.

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

**Authorization for Medical Treatment**

I, as parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_do hereby give my consent for St. Mary and St. Helen Parish Staff and the chaperones, or other adult representative, in the event that all reasonable attempts to contact me have been unsuccessful, to seek medical attention and treatment deemed necessary by medical personnel. I give my permission to transfer my child to the nearest hospital.

Our healthcare insurance carrier is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This authorization does not cover major surgery, unless the medical opinion of two other licensed physicians concur on the necessity for such surgery and are obtained before surgery is performed.

Please list **allergies** and medical conditions **or dietary restrictions**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medications and dosage child is currently taking \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Photo Release - St. Mary Church and St. Helen Church**

I/We, the parent(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my/our permission to St. Mary Parish, Hudson, Ohio and St. Helen Parish, Newbury, Ohio to publish my/our child’s photo only (no name) in publications/media forms listed below exclusively for the purpose of St. Mary Parish and its parishioners.

Slideshows, Parish Bulletin, Parish Website, Narthex TV, etc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date