

REFLECTIONS RETREAT

DATE: Friday, April 20, 2012 leave the St. Raphael parking lot at 6:00 p.m. (Please eat dinner before arriving)

Return to St. Raphael parking lot on Sunday, April 22, 2012 at approximately 5:30 p.m.

In order for the teens to benefit from the experience, they will be required to attend the ENTIRE retreat.

WHERE: Dickson Valley Camp in Sandwich, IL
Emergency phone number: (630) 553-6233

Transportation will be provided by bus service.

COST: \$150

WHAT TO BRING: Comfortable clothes (dress for the weather – there are both indoor and outdoor activities), sleeping bag, pillow, toiletries (including towel), flashlight, snacks and an extra pair of gym shoes for gym use only. Homework may be brought to do during free time. ***Please label personal belongings.***

DO NOT BRING: iPods, CD players, cell phones, pagers, habitual drugs or alcohol.

You can register by completing a registration form and returning it to the Youth Ministry office with the \$150 retreat fee. All checks should be made payable to St. Raphael Youth Ministry. This retreat fulfills the weekend retreat requirement for Confirmation. When you submit your completed registration form and fee, you may assume your teen is registered. We will contact you only if the retreat is full. If you have any questions please call the Youth Ministry office at 355-4545, ext.143.

PERMISSION FORM FOR REFLECTION RETREAT 2011-2012

I hereby request and give permission for:

NAME: _____ NICKNAME _____

MALE: _____ FEMALE: _____

ADDRESS: _____ ZIP: _____

To participate in the REFLECTION RETREAT to be held at Dickson Valley Camp in Sandwich, IL on:
April 20-22, 2012

Videotaping & Still Photographs

Video and still photos may be taken during this event. Event registration constitutes permission for possible participation in the videotape and/or still photographs. These may be used for future promotional efforts, including the Diocese of Joliet and the St. Raphael Catholic Church websites.

Code of Behavior

You are representing Youth Ministry in our diocese during this event and we expect you will represent us well. We expect that you will display a mature and responsible behavior that for many years has been the trademark of Catholic youth and adults of our diocese.

Some Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug by an individual is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Behavior code. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.

If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Teen Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PARENT/GUARDIAN: I hereby release and indemnify St. Raphael Parish, Naperville IL, its staff and volunteers and the Joliet Diocese, its staff and volunteers, from any and all liability arising from claims of any kind or nature whatsoever from my teen's participation in this event. I understand that any infractions of the rules may result in immediate dismissal from the event and I will be responsible for any costs or other requirements for immediate transportation home.

I grant permission for the administration of first aid to _____
(name of youth)

by the people in charge of the retreat and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that every effort will be made to contact the parents/guardian of the participant. In the event I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery, if deemed necessary.

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Cell Phone (____) _____

INSURANCE INFORMATION: Policy in the name of: _____

Insurance Carrier: _____

Policy #: _____

ID# Number: _____

Authorized Physician's Name: _____

Physician's phone number: (____) _____

Allergic to Medication? _____ If yes, what? _____

Any special medical conditions to be aware of? _____

Please list any medication(s) which will need to be administered to your child:

PLEASE RETURN THIS PERMISSION FORM AND THE RETREAT FEE OF \$150 TO THE YOUTH MINISTRY OFFICE. DEADLINE FOR RETREAT REGISTRATION IS MONDAY, April 9, 2012.

ONLY THE FIRST 80 RESPONSES (per retreat) WILL BE ACCEPTED!