

# Saint Joseph Catholic Church

Youth Ministry Office

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Marietta, GA 30060

770.422.5633

stjoeym@saintjosephcc.org

Dear retreat participants (and parents),

Enclosed are the required forms and information for the retreat. Please fill them out and return them as soon as possible. The deadline is February 12, 2012. The cost for this retreat is \$100 and includes lodging, **return** transportation, meals, t-shirt and all retreat materials. Friends of teens are also welcome to participate in this retreat. The same paperwork is required of them as well.

The retreat will begin on Friday, March 2<sup>nd</sup>. Teens are asked to arrive at the retreat site between 7 and 8 PM on Friday, March 2<sup>nd</sup>. The retreat will end Sunday, March 4<sup>th</sup>, at 6:00 PM with the **conclusion of the Life Teen Mass. Return transportation to the church is provided.** Carpool assistance if requested will be arranged for Friday evening.

Enclosed with this packet is a St. Joseph Life Teen Registration / Medical Information / Permission to Treat' form. I know that some of you may have completed this form when registering for Confirmation or other retreats / activities, but please take the time and fill out another **if any information has changed.** All other teens need to fill out a current form if they have not filled one out within the last year or if any information has changed. If you are unsure as to the status of your Life Teen Registration / Medical Information / Permission to Treat form, turn in your permission slip and I will contact you if you do not have a current form on file.

Enclosed are the following forms and information:

St. Joseph Life Teen Registration/Medical Information/Permission to Treat (**must be returned or on file**)

CODE OF CONDUCT – EXPECTATIONS OF BEHAVIOR (**must be returned**)

Permission Slip for Life Teen Winter retreat, March 2-4, 2012 (**must be returned**)

Woodland Retreat Center contact information

“What to Bring” list

Please contact me if you have any questions or concerns.

IN CHRIST

Ralph Keene

Life Teen Winter Retreat, March 2 – 4, 2012  
Woodland Christian Camp and Retreat Center, Temple, GA

1. Retreat fee must be paid by February 12<sup>th</sup>. TOTAL COST - \$100
2. All FORMS must be filled out completely and returned by February 12, 2012.  
*Please put forms and payment in an envelope and mark 'Youth Ministry – Retreat'.*
3. Sleeping arrangements are 8 - 10 person cabins. Cabins are set up with boy and girl cabin areas separated by the dining and meeting building.
4. Participants must bring their own linens (or sleeping bag), towels, and personal items. You are provided with a mattress. Bring a **sweater/jacket** (it can get cold), a **raincoat or umbrella** and **flashlight**.

**Woodland Christian Camp and Retreat Center**

**Directions.** Take I-20 West to exit 19, Hwy. 113. Go south on Hwy. 113 for approx. 1.5 miles to Lovell Rd., turn right (there is a Woodland Camp sign). Go approx. ¾ mile to Woodland Camp Rd. Turn left, camp in on the left. We are in the Junction camp site.

**Phone.** 770-562-3103, fax 770-562-0067

[www.woodlandcamp.org](http://www.woodlandcamp.org)

## What to Bring

Sleeping Bag or sheet and blankets (we provide the bed!)

Pillow

Warm Coat, Hat, Gloves

Plenty of warm clothes – enough for two days

Personal Toiletries

    Soap, Shampoo

    Deodorant, Toothpaste

    Toothbrush, etc.

Shower Shoes or Flip Flops

Wash Cloth & Towel

Comfortable walking shoes (2 pairs)

Necessary Medications

    Chap stick or lip balm would be good!

Flashlight

Raincoat or Umbrella

Camera (optional)

Bible (I'll have some if you forget yours.)

Good Attitude

Open Heart

Open Mind

# Life Teen Winter Retreat

## CODE OF CONDUCT - BEHAVIOR EXPECTATIONS

Horseplay is not allowed at any time - NO shaving cream, water balloons, water guns, etc - will be tolerated.

**PRANKS** are not permitted.

Fire extinguishers will only be discharged in an emergency.

Respect the property of others **AT ALL TIMES**.

Treat all persons respectfully and with courtesy.

Individuals under 21 years of age, whether alone or in a group, must be in the company of an adult chaperone at all times when away from the immediate area of the cabins/bunkhouses, lodge or dining hall.

**THERE ARE NO EXCEPTIONS TO THIS RULE!**

Individuals must receive permission from the designated adults if desiring to go beyond established parameters.

All adults over 21 years of age are considered chaperones. Teens are to respect their authority.

No inappropriate clothing / T-shirts. Appropriate clothing will be worn to all sessions and activities. Insure that shirts are long enough to cover the back and stomach, especially when bending over.

Profanity / swearing or any behaviors contrary to Christian principles is not tolerated. "Public displays of affection" between participants is not allowed. Inappropriate physical and/or sexual behavior is not tolerated, and is grounds for dismissal from the facility and event.

No fireworks, smoke bombs, or explosives of any sort are permitted on the premises.

Cabins/bunkhouses and bathrooms should be kept neat and clean. Trash should be placed in the trash cans. Any damage caused to a room will be the responsibility of the Church and the individuals assigned to that room.

Individuals must arrive promptly for all meal times and for all scheduled sessions of the Retreat.

Quiet time is from 11:00 PM until 8:00 am. Please keep all noise to a minimum so as to not disturb others. "Lights out" is no later than 12:00 a.m.

Teens are restricted from the opposite sex sleeping quarters / area at all times. Under no circumstances are members of the opposite sex permitted in the restricted sleeping area / rooms.

Underage smoking by anyone, at any time, will not be tolerated. Alcohol and illegal drugs are not permitted, and are grounds for immediate dismissal.

CD players, radios, ipods, iphones etc. are only be used in the sleeping quarters and only with headphones. This is to insure the environment of the retreat is maintained. Any equipment *used* outside the designated area will be confiscated until the end of the retreat. **Teens accept responsibility for personal audio/video equipment.**

**St. Joseph accepts no responsibility for lost or damaged personal audio/video equipment.**

Teens are asked not to use mobile / cell phones during the retreat. Teens are requested to ask their friends NOT TO CALL during this weekend. If a parent wishes for their teen to contact them please notify the youth minister IN WRITING so that appropriate arrangements can be made. *(This notification can be written at the bottom of this page. Please indicate the time(s) you wish your teen to contact you.)*

**THE EXPECTATIONS ARE LISTED IN NO PARTICULAR ORDER**

**ALL OF THEM ARE IMPORTANT!**

**FAILURE TO ABIDE WILL RESULT IN SERIOUS CONSEQUENCES,**

**WHICH MAY INCLUDE BEING SENT HOME.**

\_\_\_\_\_  
Signature of Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Date

**Retreat Cost**  
**\$100**  
**Due Feb. 12**

**St Joseph's Youth Ministry**  
**Parental / Guardian Permission and Liability Waiver**

PERMISSION SLIPS MUST BE RETURNED BY March 2-4 \*\* NO SLIP – NO TRIP \*\*\*

**EVENT - Life Teen Winter Retreat**

A DETAILED DESCRIPTION OF THIS EVENT IS FOUND ON THE BOTTOM OF THIS PAGE

Participant's Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Parent / Guardian's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
Phone Number where parents can be reached - (\_\_\_\_\_) \_\_\_\_\_  
Alternate contact number for Emergencies: (\_\_\_\_\_) \_\_\_\_\_

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I/We \_\_\_\_\_, do hereby give my/our permission and approval for my son/daughter \_\_\_\_\_  
Parent or Guardian's Name Student Name  
to participate in this parish youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and /or volunteers from St. Joseph's Parish.

I/ We do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone this event, other participants, St. Joseph Catholic Church, the Catholic Archdiocese of Atlanta, and any of the above named parties' representatives, successors, supervisors, sponsors, and/or organizers, for any injuries in connection with the outing / event(s) named above. I/We likewise release from responsibility any person(s), bus company, or other transportation service, transporting my child, in a privately owned and/or rented vehicle, to and from any activities connected with the above named event(s).

I also agree that I am legally responsible for all/any personal actions taken by my child/guardianship during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship.

Furthermore, I/we agree that if the above named student's behavior is inappropriate, unsafe and/or detrimental to the group, I will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as a result of my child/guardianship being sent home are my responsibility.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Parish: St. Joseph Catholic Church

Name of Youth Minister: Ralph G. Keene, Jr.

In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge.

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Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In signing the above line, I agree to abide by any/all policies and rules established for this event / activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

Basic rules/expectations include, but are not limited to, the following: Respect for all adult leaders, peers, and all property; use buddy system at all times, NO illegal drugs, alcohol, underage smoking, firearms, explosives, or other illegal substances; Males and females are to remain in separate sleeping spaces at all times; No inappropriate physical/sexual activity; Appropriate attire is to be worn at all times. Other guidelines may be set forth accordingly by adult chaperones present for the event(s).

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**Please tear off this bottom portion and keep for your information.**

Date(s) of Activity / Event: March 2 -4, 2012 Type of Activity / Event: Life Teen Retreat

Destination: Woodland Christian Camp and Retreat Center

Individual in Charge: Ralph Keene Emergency Telephone Number: mobile (678) 464-8176

Estimated Time of Departure and Return: arrive 7 – 8 PM Friday, return 6:00 PM Sunday (we end with Life Teen Mass)

Mode of Transportation to and from Activity / Event: Arrival – Parent drop-off / Return – Church provided buses

# St. Joseph's Life Teen

Registration / Medical Information /  
Permission to Treat



Please Print

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M / F

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Work # \_\_\_\_\_ Mother's Work # \_\_\_\_\_

High School \_\_\_\_\_ Grade \_\_\_\_\_

E-Mail \_\_\_\_\_

T-Shirt Size – Adult - S    Adult - M    Adult - L    Adult - XL

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## Parental Consent, Medical History and Emergency Medical Release Form CONFIDENTIAL INFORMATION

To the best of my knowledge, my/our child, \_\_\_\_\_ is in good health; I/we assume all responsibility for the health of my/our child.

*I/We also give permission to seek any emergency care should my child be involved in any accident or be injured in any way. I/We understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I/we cannot be contacted, I/we hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.*

### **EMERGENCY CONTACT**

1. Mother / Guardian's full name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Business / Address \_\_\_\_\_

2. Father/ Guardian's full name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Business / Address \_\_\_\_\_

### **ALTERNATE EMERGENCY CONTACT**

**If you are unable to reach me, please contact:** (Relative or friend near the primary contact)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (home) (\_\_\_\_\_) \_\_\_\_\_ (work) (\_\_\_\_\_) \_\_\_\_\_

## **INSURANCE INFORMATION**

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

**Please include a photocopy of you Insurance Card, front and back.**

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

Insurance is provided by which parent and/or place of employment? \_\_\_\_\_

Address and Phone Number of Company \_\_\_\_\_

Family Doctor \_\_\_\_\_ City / Town \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

My son / daughter is under the care of a psychiatrist / psychologist \_\_\_\_\_ YES \_\_\_\_\_ NO

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

Please explain: \_\_\_\_\_

## **MEDICAL INFORMATION**

If you child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him / her proper medical care during his / her time with the youth ministry activity.

Pre-existing or present medical conditions: \_\_\_\_\_

My son / daughter is taking medication and will bring all medication with him / her and it will be clearly labeled. My son / daughter is taking the following medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows: \_\_\_\_\_

I hereby grant permission for **non-prescription** medications (such as cough drops, cough syrup, Tylenol, etc.) to be given to my child if necessary. **(Please Initial)** \_\_\_\_\_ YES \_\_\_\_\_ NO

I understand that aspirin **WILL NOT** be given to my son / daughter without my express permission:

I grant such permission. **(Please Initial)** \_\_\_\_\_ YES \_\_\_\_\_ NO

My son / daughter is allergic to the following: \_\_\_\_\_

My son / daughter has the following medical conditions: \_\_\_\_\_

My son / daughter's immunizations are current and up to date \_\_\_\_\_ YES \_\_\_\_\_ NO

My son / daughter wears contact lenses \_\_\_\_\_ YES \_\_\_\_\_ NO

My son / daughter has the following limitations: \_\_\_\_\_

My son / daughter has the following restrictions (ex: swimming, running, activity restrictions, etc.)

My son / daughter experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bed wetting, etc.

\_\_\_\_\_ YES \_\_\_\_\_ NO Please explain: \_\_\_\_\_

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

**All information contained herein will be maintained confidential.**  
**This Medical Release is good for the period of one year from the above signed date.**

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