

St. Joseph Catholic Church

Youth Ministry Office

87 Lacy St.

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 26, 2012. The cost for this retreat is \$65 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 Saturday, March 10, 2012. Teens are asked to arrive at the retreat site between 2 and 2:30 PM on Saturday, March 10th. The retreat will end Sunday, March 11th, 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 Saturday.

Enclosed with this packet is a Medical Information /Permission to Treat form. All students need a current form.

Enclosed are the following forms and information:

Medical Information/Permission to Treat (**must be returned**)

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

Permission Slip for 7th and 8th grade retreat, March 10 -11, 2012(**must be returned**)

Cherokee Retreat Center contact information

“What to Bring” list

Please contact me if you have any questions or concerns.

IN CHRIST

Laura Fenton

St. Joseph 7th and 8th Grade March 10 -11, 2012
Cherokee Retreat Center, White GA

1. Retreat fee must be paid by February 26th. TOTAL COST - \$65
2. All FORMS must be filled out completely and returned by February 26, 2012.
Please put forms and payment in an envelope and mark "7th and 8th Grade Retreat".
3. Sleeping arrangements are cabins. Cabins are set up with boy and girl cabin areas separated.
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**.

Cherokee Retreat Center

Directions:

- I – 75 (most likely north) to exit 290 Rome/Canton
- Head east toward Canton on Hwy. 20
- Turn right on Wilderness Camp Rd. travel 3 miles
- Cherokee Retreat Center is on right just after Stamp Creek Day Use area

Address: 370 Wilderness Camp Rd.
White, GA 30184
877.647.8542

Emergency Contact:

Laura Fenton, 678.575.4832 cell
St. Joseph Middle School Coordinator

What to Bring

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

Pillow

Warm Coat, Hat, Gloves

Plenty of warm clothes – enough for one day

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

St. Joseph 7th and 8th Grade 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 7:30 am. Please keep all noise to a minimum so as to not disturb others. "Lights out" is no later than 11:00p.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

St. Joseph's 7th and 8th Grade Retreat

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 # _____

MS School _____ Grade _____

E-Mail _____

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

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.
