



# **Enter the Heart of Jesus**

WHO?

Current High School Students & your high school friends

WHEN?

April 12-14 FRI 6pm-SUN 12pm WHERE?

St. Felix Catholic Center Transportation provided

**QUESTIONS? E-MAIL YOUTHMINISTRY@SCBFW.ORG** 

# **Registration Process**

Please register as soon as possible. Registration closes when the spots are full. Cost increases after April 1st. Financial assistance is available, please do not allow the cost to prevent your child from attending.

Step 1 of 3: Complete the 2018-2019 ANNUAL EMERGENCY MEDICAL CARE FORM found at this link: http://tinyurl.com/2018-2019StCharlesMedicalForm (You can skip to step 2 if you have already completed this form for the 2018-2019 school year. If your child went on our fall retreat or has participated in some of our other permission-form-required events this year, then you have already completed this form.)

Step 2 of 3: Complete the St. Charles Spring High School Teen Retreat Registration Form found at this link: https://tinyurl.com/entertheheartofjesus

Step 3 of 3: Complete the St. Felix Liability waiver (attached) and return by delivering or mailing to the St. Charles Parish Office (open weekdays 8:30am-4:30pm, address below) with the \$80 registration fee (after April 1, the registration fee is \$90).

ATTN: St. Charles Youth Ministry 4916 Trier Road Fort Wayne, IN 46815

Retreat Details:

St. Felix Catholic Center 1280 Hitzfield Street Huntington, IN 46750

Emergency Contact Number: (260)207-4677 (Google Voice) Individual in Charge: Stacey Huneck

Cost: \$80 until April 1st (pay with attached St. Felix waiver) Check-In at the Gathering Space at 5:40pm.

Mode of Transportation from parish to retreat center: bus Return to St. Charles Youth Center for 11:00am Mass on Sunday, April 14. Families are welcome and encouraged to join us for Mass.

### Packing List, please pack light:

- Snack to share (we will collect these before you get on the bus)
- Refillable water bottle
- Weather appropriate clothes (we will spend time outside)
- Walking shoes and socks
- Modest church clothes for Mass (we will all wear our t-shirts on Sunday)
- Modest and comfortable clothes for retreat duration (please nothing tight or revealing... think: would I feel comfortable wearing this in front of Jesus?)
- Paiamas
- Journal, Bible, Rosary
- Toiletries (tooth brush, shampoo, etc.) and towel for showering
- Any over the counter or prescription medications need to be checked-in prior to departure with a parent's signature. See the attached form.
- Beds, sheets, and blankets are limited; some students may have to bring their own sleeping bag, pillow, and sleeping mat. We will contact you if this is necessary.









### If you have medications, keep this form and bring it to check-in.

If your child has specific prescription medications and/or doctor prescribed over-the-counter medications, please arrive at the Gathering Space at 5:40pm with this form completed to check-in your child's medication with our adult chaperones. In adherence with diocesan protocol, medications need to be in their original containers. We keep a first aid kit on hand for other over-the-counter medications as needed. Students whose parents have given permission on the 2018-2019 ANNUAL EMER-GENCY MEDICAL CARE FORM are permitted to have over the counter medication (ex: Tylenol, ibuprofen, cough drops, etc.) distributed and recorded by an adult chaperone according to the package dosage instructions. Students who have an emergency medication, such as an emergency inhaler, will be permitted to carry the medication with them as needed. All other medications will be distributed by our adult chaperones based off of the information provided below.

Student's Name:				
Medication	Dosage	Time(s)	Precautions/Side	<u>effects</u>
				, , , , , , , , , , , , , , , , , , , ,
				, , , , , , , , , , , , , , , , , , , ,
Continue on a separate sh	eet as needed.			
Parent/Guardian Signa	ature:		Date:	
Printed Name:		Phone :	<b>‡:</b>	

Complete and deliver or mail this form to St. Charles Parish Office along with the retreat registration fee.



1280 Hitzfield Street Huntington, IN 46750 (260) 443-9700 www.SFCatholicCenter.com stfelix@tippmanngroup.com

## Waiver and Release of Liability

In consideration of my child	("Guest") receiving accommodations at the St. Felix
Catholic Center ("St. Felix"), I, the undersigned parent/guardian, on behalf of m	syself and my child, his/her personal representatives,
heirs, and next of kin, hereby irrevocably & unconditionally agree to release an	d hold harmless from liability the St. Felix Catholic
Center, the Mary Cross Tippmann Foundation and Tippmann Properties, Inc.,	their respective owners, officers, directors, trustee's,
agents, employees and volunteers and affiliates (collectively referred to as "Re	leasees") from any and all liabilities, claims, actions,
damages, costs, or expenses of any nature whatsoever whether in law or equit	ty, known or unknown, occurring during, caused by,
relating to, or arising in any way from the Guest's stay at St. Felix. Furthermore	e I irrevocably and unconditionally agree as follows:

- 1. I understand that accommodations at St. Felix may involve participation in physical activities both indoors and outdoors. With these, and all related activities, there is a certain element or risk. By accepting this waiver, I hereby acknowledge that my child's participation is at his/her own risk, and that I assume all responsibilities for any and all aspects of participation.
- 2. I understand that this Waiver and Release of Liability irrevocably and unconditionally releases and holds harmless all Releasees from any financial or other liability for any injury, bodily harm, sickness, illness, or loss of life that my child as a Guest may suffer and from any economic harm or loss of property occurring during, caused by, relating to, or arising in any way out of my child staying at St. Felix whether the result of negligent or intentional acts of others or of the Releasees or otherwise.

This Waiver and Release of Liability is intended to be as broad and inclusive as is permitted by the laws of the State of Indiana and that if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, continue in full legal force and effect.

In signing, I also agree to the following:

- I will demonstrate Catholic Values in language and behavior, respecting the presenters, planners and peers.
- I will respect the rights and property of others and will not vandalize or steal. I will be responsible for financial obligations that result from such behavior.
- Participants will not possess or use illegal items or items that endanger themselves or others including: drugs, alcohol, firearms, fireworks, matches, cigarette lighters, knives.
- No smoking is permitted in any room or any public space.
- Each guest is expected to be courteous to all their fellow guests. Therefore, we ask that there be no electronic devices brought to your room that may disturb other guests. Any audio devices in the rooms should only be used with headphones.
- Pictures taken at this event may be used online and in publicity materials. Names and identifications are not used. If you don't wish for us to use photos of yourself or your child, please inform staff members.

I AM AT LEAST EIGHTEEN (18) YEARS OF AGE AND I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY. I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Printed Name
Signature
Date