



ST. CHARLES FALL TEEN RETREAT

Saints & Souls



WHO?

Current High School Students
& your high school friends

WHEN?

November 1-3
FRI 5:30-SUN 12pm

WHERE?

St. Felix Catholic Center
Transportation provided

Registration Process

Please register as soon as possible. Registration closes when the spots are full. Cost increases after Oct 21st. Financial assistance is available, please do not allow the cost to prevent your child from attending.

Step 1 of 3: Complete the 2019-2020 ANNUAL EMERGENCY MEDICAL CARE FORM found at this link: tinyurl.com/SCYM2019-2020 (You can skip to step 2 if you have already completed this form for the 2019-2020 school year and none of your information has changed.)

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

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 (On Oct 22, the registration fee is \$90). Checks can be made out to St. Charles.

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 Oct 21st (pay with attached St. Felix waiver)
Check-In at the Gathering Space at 5:40pm. (or 5:30pm if you have medication). Please eat dinner before you arrive.

Mode of Transportation from parish to retreat center: bus
Return to St. Charles Youth Center for 11:00am Mass on Sunday, Nov 3. 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?)
- Pajamas
- Journal, Bible, Rosary
- Toiletries (tooth brush, shampoo, etc.) and towel for showering
- Any doctor-prescribed over-the-counter or prescription medications need to be checked-in before departure with a parent's signature. Please arrive to check-in at 5:30pm. 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, detach 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 5:30pm with this form completed to check-in your child's medication with our adult chaperones. Please take Friday dinner medications before you come to the retreat. 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. This form is not necessary for over-the-counter medications, unless they are doctor-prescribed. Students whose parents have given permission on the 2019-2020 ANNUAL EMERGENCY MEDICAL CARE FORM are already 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.

IMPORTANT NOTE: Prescription medication labels MUST match the dosage directions they you are currently following. Contact your doctor or pharmacy to remedy this before the retreat, if necessary.

Student's Name: _____

Medication Name Dosage Time(s) Precautions/Side effects

	<i>(ex: milligrams x # of pills)</i>	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Other (specify): _____	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Other (specify): _____	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Other (specify): _____	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Other (specify): _____	

Continue on a separate sheet as needed.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Phone #: _____



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 myself and my child, his/her personal representatives, heirs, and next of kin, hereby irrevocably & unconditionally agree to release and 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 “Releasees”) from any and all liabilities, claims, actions, damages, costs, or expenses of any nature whatsoever whether in law or equity, known or unknown, occurring during, caused by, relating to, or arising in any way from the Guest’s stay at St. Felix. Furthermore 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, notwithstanding, 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