

TEEN RETREAT

CALLED TO MISSION

WHEN

NOV 9-11

DEPARTING FRI AT 5:45PM, RETURNING SUN FOR 11AM MASS

WHERE

ST. FELIX CATHOLIC CENTER

TRANSPORTATION PROVIDED FROM ST. CHARLES PARISH



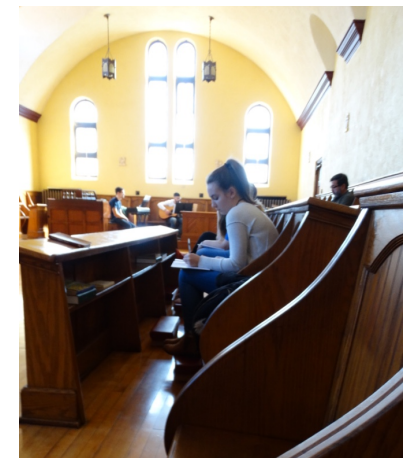
HIGH SCHOOL STUDENTS

REGISTER BY OCT 30TH

Turn forms in to the
Parish Office, Open
M-F 8:30am-4:30pm

WEBSITE

WWW.STCHARLESFORTWAYNE.ORG/HIGH-SCHOOL-RETREAT



Retreat Registration Process

Forms and \$80 payment must be turned in to the Parish Office or by e-mail before the TUES, Oct 30th deadline. If you are in need of financial assistance, contact Stacey Huneck youthministry@scbfw.org

Step 1: Complete our Annual Medical Care Form online:

<https://tinyurl.com/2018-2019StCharlesMedicalForm>. If you have already done this form for the school year, you can skip this step and go on to step 2.

Step 2: Complete the attached forms.

Step 3: Turn in completed forms and \$80 payment (make check payable to St. Charles Youth Ministry) to the Parish Office (open M-F 8:30am-4:30pm) OR scan and e-mail the forms to youthministry@scbfw.org by October 30th.

Detach & keep the top form as an info reminder and the bottom form for any prescription medications.

YOUTH MINISTRY EVENT PARTICIPATION PERMISSION AND RELEASE

EVENT INFORMATION

Class/Grade Level: high school Event Description: Over night retreat

Purpose of Event: Ministry based spiritual formation

Date/Approx. Time of Departure: 11/9, 5:45pm

Date/Approx. Time of Return: 11/11 for 11am Mass Mode of Transport: bus

Overnight Accommodations: St. Felix Catholic Retreat Center

Emergency contact number, call or text: (260) 207-4677

Did someone invite you to come on this retreat? If so, who recruited you? _____

T-shirt size (adult sizes, circle one): S M L XL XXL XXXL

PARENT/GUARDIAN PERMISSION AND RELEASE*:

Parent/Guardian Name: _____

Address: _____

Telephone: _____ Email: _____

Participant Name: _____ Participant Age: _____ Participant Grade: _____

If you would like your child to participate in this event, date, and sign:

I allow my child to participate in the parish event trip to St. Felix Catholic Center on Nov 9-11, 2018.

In consideration of the aforementioned participant, my child, being allowed to participate in this event, I, on behalf of myself, my child and my child's other parent/guardian, hereby acknowledge recognition that such an activity may expose my child to risks and hazard not ordinarily encountered in the parish youth ministry program. Further, on behalf of myself, my child, and my child's other parent/guardian, I hereby release and agree to hold harmless the above named parish and the Diocese of Fort Wayne-South Bend, Inc. to the fullest extent permitted by law from any and all claims, judgments and liability of every kind for any injury and damage of any kind, whether personal or property, that we or any one of us may suffer or incur due to my child's participation in the event, regardless of whether the injury or damage is attributable to the fault of parties other than the Parish or Diocese or attributable to the fault, including negligence, of the Parish or Diocese. I have instructed my child to follow the rules of conduct as directed by the parish youth ministry program and Diocese.

Date

Parent/Guardian Signature

Parent/Guardian Printed Name

*A new Event Participation form must be completed for **each** Event. Information provided in the Annual Emergency Medical Care Form will apply to each Event in which your child is allowed to participate during the Youth Ministry Program year. Parents/guardians are responsible for updating the information on that form should changes occur during the Youth Ministry Program year.



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

Detach this form & turn it in with any prescription medication
At Check-In on Nov 9th

Please administer to my child, _____ (child's name), the prescribed medication(s) written below, in accordance with the written order of the physician/practitioner.

Reason for medication:

Medication	Dosage (Mg and # of tabs)	Time(s)	Precautions/side effects

(Continue as needed on back of page in same format)

Parent/Guardian Signature: _____ Date _____
Printed Name: _____ Phone#: _____

Please note: Medications should be in the original containers.