



Spring
Retreat

When: January 27-29, 2012
Where: Camp Kappe, Plantersville,
TX
Cost: \$60.00



Contact: Evan Psencik, Coordinator of Youth Ministry
281-353-9774 epsencik@saintedward.com

St. Edward Youth High School Spring Retreat

For whom: This retreat is open to all youth in 9th-12th grades. If you have not attended a retreat yet and hope to be confirmed this year, you must attend this one.

Where: Camp Kappe Retreat Center, Plantersville, TX

Dates and Times: January 27th—29th, 2012. Meet at 5:30 pm on Friday, January 27th at St. Edward Youth Room. Return to St. Edward by Noon on Sunday, January 29th. Transportation to and from the Retreat Center will be provided. We will need several parents to volunteer to help with the driving.

Meals: Students should eat dinner before arriving at St. Edward on Friday Evening. Breakfast, lunch and dinner will be provided on Saturday as well as Breakfast on Sunday. Each youth should bring some snacks to share through out the weekend but they must be turned in as food is not allowed in the bunk areas.

Cost: The fee for the retreat is \$60.00. This includes all retreat materials, lodging, and food.

Registration: The attached registration form must be completed and signed by a parent or guardian. The completed form and fee is due by Monday, January 23rd. Please drop off form or give to Evan Psencik.

What to bring: Since this is an overnight retreat, we ask that all youth bring a sleeping bag and a pillow, or sheets for a twin bed, along with toiletries and a towel. Please bring comfortable clothes as we may be going outside for portions of the retreat. All medications, prescription and over-the-counter must be turned in at registration.

Electronic Devices: Cell phones, iPods, etc. may be brought on the retreat, however, St. Edward is not responsible for any lost or stolen items. These devices must be stored during retreat activities and may only be used during free time. Any seen during activities are subject to confiscation.

Questions: Please contact Evan Psencik at 281-353-9774 or epsencik@saintedward.com .

PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Participant's Name _____ Date of Birth _____
 Home Address _____ City/Zip Code _____
 Parent(s)/Guardian(s) _____ Home Phone (____) _____
 Alternate Phone Number: (____) _____ Cell Phone or Work
 Parish or Catholic School _____ Grade _____ Age _____ Sex _____
 Participant's Email Address _____
 T-Shirt Size (Circle One): Small Medium Large XL XXL XXXL

CONSENT & LIABILITY WAIVER

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.
 If participant is 18 years of age or older, consent must be signed by the individual**

I (name of parent/guardian) _____, grant permission for my child, (participant's name),
 _____ to participate in (event) _____ to be
 held (date) _____ (time) _____ at (location) _____.

I agree on behalf of myself, my child's other parent if known or living (name of parent), _____, my child
 named herein, or our heirs, successors, and assigns and defend the Archdiocese of Galveston-Houston, the sponsoring parish (its
 pastor, youth ministry leader, principal, other agents, etc.) or any representatives associated with the scheduled activity unless the
 parties involved were careless and negligent.

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

 Signature (Parent/Guardian)

 Date

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies and rules established for this event/activity
 (see Code of Conduct). 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.

 Signature (Youth Participant)

 Date

VIDEO/PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give
 permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video
 etc.) in highlighting the event.

 Signature (Parent/Guardian)

 Date

Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the even of an emergency and you are unable to reach me, contact:

Name & Relationship _____ Phone _____

Family Doctor _____ Phone _____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows

My child is taking the following medication at the present time.

Medication(s): _____ Dosage: _____

Administer: _____

_____ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information: (Archdiocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

- Has had an episode the following or has been diagnosed: Seizures Asthma Diabetic
- Allergic reactions to the following (foods, dyes, latex etc.) _____
- Has had a medical surgery within the last six months? Yes No Still under doctor's care? Yes No
- Has a medically prescribed diet? _____
- The following physical limitations? _____
- Immunizations current and up to date: Yes No Date of last tetanus/diphtheria immunization _____
- You should also be aware of these special medical conditions of my child (e.g. depression, anxiety, etc.): _____

Insurance Information: No, I do not carry medical insurance at this time.

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____ Day Phone: _____

Mother's Name: _____ Day Phone: _____

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself). I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

Signature (Parent/Guardian) Parent/Guardian must sign for anyone under 18 years of age. Date

Signature (Participant 18 years of age or older must sign own consent) Date