



**A RETREAT ON
GOD'S CREATIVE POWER**



When: Friday April 27-Sunday, April 29, 2018

Time: Friday 5PM- Sunday- Meet for Mass @ 2PM at Camp Y-Noah- Leaving @ 4PM

Where: Camp Y-Noah

Transportation: Car Pooling from SMOF Parking Lot; Pick-up by Parent at Camp Y-Noah

Registration Cost: \$90 **BEFORE** 4/13

Late Fee: \$20

NO REFUNDS AFTER 4/21/18

No registrations will be accepted after April 21, 2018

*Check payable to St. Mary of the Falls; memo:
Life Teen Spring Retreat*

*Please complete (in their entirety) the **bottom of this form** as well as **consent and medical release forms.** All three forms, along with payment, must be turned in to...*

St. Mary of the Falls Parish LIFE TEEN Office: 25615 Bagley Rd, Olmsted Falls 44138.



(PLEASE KEEP TOP HALF OF FORM FOR YOUR REFERENCE)

Teen's Name: _____ **Parish:** _____

B-day: _____ **Male / Female (circle one)** **Teen Cell Phone:** _____

Mailing Address: _____

Teen Email Address: _____

School: _____ **Graduation Year:** _____

Dietary Restrictions: _____

Parent Email Address : _____

TEEN STATEMENT OF RESPONSIBILITY:

I request to participate in Camp Covecrest I understand that by requesting to go, I am promising to cooperate with the Covecrest team, the Parish Staff and volunteers, and the Holy Spirit. I understand that the intention of the retreat is to help form community & to bring me closer to God. I promise to follow instructions & be open. I also realize that I may not bring or use any tobacco products, illegal or illicit drugs, alcohol, or weapons. I have read and will comply with the "To Bring/Not to Bring List." I understand that to break the retreat rules or to act unsafely or irresponsibly will result in my dismissal from the camp into my parents' care.

Teen Signature _____ **Date** _____

2018 Spring Retreat Registration Form

What to Bring:

- individually wrapped snacks to share:
- Last Names A-J: chips, crackers, popcorn, etc
- Last Names K-S: brownies, cookies, etc
- Last Name: T-Z: candy
- reusable water bottle
- open heart & mind
- warm, comfortable, modest clothing (layer according to weather)
- weather appropriate clothing and outerwear
- old shoes or weather appropriate indoor AND outdoor footwear
- at least 2 pairs. (You may want boots depending on weather)
- several pairs of socks & underwear
- toiletries (soap, shampoo, deodorant)
- washcloth & towels
- plastic bag for wet/dirty clothes
- sleeping bag & pillow
- sweats/ comfortable & modest clothes to sleep in
- outdoor sports equipment – frisbees, footballs, etc

What Not to Bring:

- NO bad attitude
- NO energy drinks or caffeine
- NO food other than snacks to share
- NO valuables (anything you wouldn't want to lose)
- NO alcohol or tobacco products
- NO illegal or illicit drugs
- NO firearms, knives, or weapons of any kind
- NO closed minds

***Any tobacco, alcohol, and illegal/illicit drugs will be confiscated and parents will be called to pick up their teen immediately.

***All electronics, food, energy drinks/ caffeine MUST be turned in at Parish before teen may depart for camp.

***Teen's cell phone must be turned in for them to get onto the bus to depart for camp. If we find you with a cell phone or electronics at the camp they will be confiscated and kept through the remainder of the retreat.

RULES

***Please keep in mind, parents will be called & teen will be properly disciplined if any of the following rules are violated.

- No smoking or use of any tobacco products, alcohol, illegal or illicit drugs, or misuse of prescription or over the counter drugs
- You must be present for the **entire** retreat—5PM, Friday, April 27th— Sunday, April 29th 4PM, (Camp Y–Noah)
 - * Exceptions MAY be made for this schedule, please discuss options with your youth minister individually
 - * PARENTS please join us Sun, April 29th, 2pm at Camp- you will take your teen home at 4pm.
- No leaving the retreat center property– for ANY reason– all needs/concerns will be addressed on site
- No sexual activity or coupling behavior- no kissing, no hand holding, no massaging, no inappropriate touching, no sitting on each other's lap, no prolonged hugging, no arms draped across or around each other, no public displays of affection- AT ALL.
- Respect for all other teens (no bullying, gossiping, talking down to each other, etc.)
- **Respect for & obedience of all SMOF Leadership and Camp leadership & rules**
(INCLUDING handing in all cell phones, & electronics throughout the entire retreat, etc.)
- Respect for God, the Catholic Church, and the Sacraments– including specified activities given by the Camp staff
- No profanity or obscene gestures

*** We reserve the right to search property of participants to ensure safety of all teens and leaders

(PLEASE KEEP TOP HALF OF FORM FOR YOUR REFERENCE)





**A RETREAT ON
GOD'S CREATIVE POWER**



Parental/Participant Consent Form:

I/we as the parent (s) or legal guardians of _____, (teen's name—PLEASE PRINT) do hereby grant permission for the aforesaid participant to participate in the 2018 Life Teen Spring Retreat: Chaos with the Staff of St. Mary of the Falls. This camp provides a weeklong spiritual, physical, and formational retreat experience for high school teens so that they will grow deeper in their Catholic faith and live out that faith so that others may come to know Christ.

I/we hereby grant permission for aforesaid participant to be housed at Camp Y-Noah in Akron, OH from Friday, April 27th, 2018 through to Sunday, April 29th, 2018 while participating in this program.

I/we understand that the aforesaid participant will be transported from St. Mary of the Falls Parish to Camp Y-Noah by SMOF Parish Staff and that I/we the parent/guardian of aforesaid participant will pick them up from Camp Y-Noah in Akron, OH on Sunday, April 27th, 2018 at the aforementioned times.

It is my understanding that the aforesaid participant will be involved in religious, spiritual, social and physical activities (i.e. prayer, Reconciliation, Mass and reception of the Eucharist, reading the Bible, hearing personal testimony, group games both indoors and out, swimming, etc).

I/we agree by my/our mutual signature(s) to release, absolve, indemnify and hold harmless St. Mary of the Falls Olmsted Falls, the Roman Catholic Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, Jesuit Retreat Center, and any and all supervisors, volunteers, organizers or sponsors thereof, and from any and all liability for injury, medical fees, hospital bills, or doctor bills of aforesaid participant.

I/we waive all claims of any kind against any or all of the organizations or persons herein above enumerated, including any and all claims against person or persons facilitating aforesaid participant to or from any activities herein above named. I/we agree that by signing these documents we are also agreeing to pay all or any remaining balance of the \$90 due to Saint Mary of the Falls on or before the final payment date on April 21st, 2018.

This release is for any and all programs sponsored by Camp Y-Noah that aforesaid participant elects to participate in for the durations of his/her eligibility in the program. I/we hereby give consent to photograph or videotape aforesaid participant and without limitation to use such photographs or videotapes and or stories in connection with any work of St. Mary of the Falls, Camp Y-Noah, and affiliated ministries without consideration of any kind, and I do hereby release the afore named Parish and Offices from any claims whatsoever which may arise in said regard.

Mother/Father or Guardian's SIGNATURE _____
(Participant's signature if 18 years or older)

Print Name of Guardian: _____ Date: _____

2018 Life Teen Spring Retreat

Medical Authorization

In the event reasonable attempts to contact me at _____ (your phone number) or _____ (other parent's name) at _____ (phone number) have been unsuccessful, I hereby give my consent for: 1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) at _____ (phone number), or Dr. _____ (preferred dentist) at _____ (phone number), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 2) the transfer of my son/daughter to _____ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

My health insurance carrier is: _____

Name of policyholder: _____

Social Security Number of policy holder: _____

Policy/group/claim number: _____

My child's date of birth: _____ My child's social security number: _____

The following include any allergies my child may have, any medication my child may be taking and any other facts to which a physician or dentist should be alerted: _____

I fully understand what is involved in this experience and the foregoing form, and I understand I have the opportunity to call St. Mary of the Falls Director of Teen Faith Formation, Taylor Tripodi (440.235.2222), with any questions I may have.

Parent/Guardian Signature: _____ Date: _____

+++++

Refusal to Consent

I do not give my consent for emergency medical treatment of my son/daughter. In the event of illness or injury requiring emergency treatment, I wish the youth minister to take no action or to: _____

I fully understand what is involved in the experience of youth ministry and the foregoing form, and I understand I have the opportunity to call the St. Mary of the Falls Director For Teen Faith Formation, Taylor Tripodi (440.235.2222 or email: smofLifeTeenOffice@gmail.com), with any questions I may have.

Parent/Guardian Signature: _____ Date: _____