

INTO THE MYSTERY

an  **EDGE**
Catholic Middle School Ministry
Retreat

October 24 - 25
9 a.m. - 2 p.m.
Bethany Center, Lutz
COST: **\$60**

A "TOP SECRET" OVERNIGHT ASSIGNMENT
TO TEAM UP WITH EDGE PEERS, HAVE
LOTS OF FUN, AND DISCOVER WHO GOD IS

813-949-7331

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↑ QUESTIONS?

HERE'S WHAT YOU NEED TO KNOW....

- The retreat will be held Saturday, October 24th at 9 a.m. to Sunday October 25th at 2 p.m.
- Transportation is NOT provided: please drop off and pick up
- The beautiful Bethany Center is located at:
18150 Bethany Center Drive, Lutz, FL 33558
- Youth sleep in air conditioned cabins (18 per cabin) with bunk beds; adult chaperones sleep in the room with youth (3 per cabin).
- All chaperones are fingerprinted and have completed Safe Environment training.
- Saturday lunch and dinner along with Sunday breakfast are included
- Retreats really are "discovering who God is" with plenty of opportunity to grow in faith, Sunday mass IS included in retreat.
- To register, turn in a \$60 fee and permission form (3 pages) to the Youth Ministry Office **NO LATER THAN October 19th.**



Packing List

- Pillow
- Sleeping bag or preferred bedding for bunkbeds
- Pajamas (**Please make sure PJ's are modest.. No spaghetti straps or shorts, please. We will have extra t-shirts if needed.)
- Comfortable athletic clothing and shoes for retreat
- NO electronic devices, please! Phones will be taken away if seen
- Toiletries (deodorant/toothbrush/toothpaste/brush/etc.)
- Deodorant (yes, we're reminding you again)
- At least one (1) non-perishable food item

We are looking forward to your child's participation in our EDGE Fall Retreat!

Please arrive at the Bethany Center by 9 a.m. Saturday, October 24th.

Pick up of middle school youth is on Sunday at 2 p.m. at the same location.

PARENTAL CONSENT FOR PARISH FIELD TRIP

INFORMATION ABOUT THE EVENT

EVENT: Edge Retrat - INTO THE MYSTERY COST: \$60 T-Shirt Size: (Adult S, M, L, XL)
DATE(S): October 24-25th, 2015 TIME: All day
EVENT LOCATION: The Bethany Center, Lutz PARISH: Our Lady of the Rosary

INFORMATION ABOUT MY YOUTH

Name of Youth: _____ Date of Birth _____
Home Address: _____
Name of Parent/Guardian: _____
Work Phone: _____ Home: _____
Emergency Number for above date: _____

CONSENT AND RELEASE

General: I hereby request and give my permission for my youth to participate in the above event. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my youth. I, individually and on behalf of my youth named above, do hereby release, covenant not to sue, and save harmless: The Bishop of the Diocese of St. Petersburg; the above Parish; and the employees, agents and volunteers for the event, from any and all claims for any and all harm arising to my youth as a result of their participation in this event.

Medical: I hereby request the Parish representative obtain medical treatment for my youth in the unlikely event of injury or illness during this event and I agree to pay any expenses incurred for such treatment. By signing this form I represent that an updated Annual Medical Release form for my youth is on file at the above-named Parish and that it is current and complete as to my youth's allergies, dietary requirements, medications and health conditions. If my youth is taking prescription or non-prescription medication(s) at the time of the above event, I here give consent to the location's medical staff and/or the Parish staff to administer this medication to my youth. I understand that it is my responsibility to send with my youth the appropriate quantity of clearly labeled medication showing dosage and frequency and to notify a chaperone about these issues in advance of the event. I understand that the Parish cannot be responsible for my failure to send the appropriate quantity of medication or for errors in the dosage and frequency due to any cause whatsoever. ANY FIELD TRIP MAY INVOLVE EXPOSURE TO THE SUN. PLEASE ASSESS YOUR CHILD AND THE AMOUNT OF EXPOSURE AND TAKE APPROPRIATE PRECAUTIONS.

MOTHER'S SIGNATURE _____ DATE _____
FATHER'S SIGNATURE _____ DATE _____

BOTH SIGNATURES ARE REQUIRED EXCEPT IN SINGLE PARENT FAMILIES. IN THE CASE OF SINGLE PARENT FAMILIES - THE CUSTODIAL PARENT SIGNATURE IS REQUIRED.

OUR LADY OF THE ROSARY **PARISH**
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY

PARTICIPANT INFORMATION

Name of Youth: _____ DOB: _____

Parent/Guardian Name: _____

Home Address: _____

(A) Parent/Guardian emergency contact name and telephone numbers:

Name: _____

Home: _____ Work: _____ Cell: _____

(B) If "A" above is unavailable, alternate emergency telephone contact name and phone number:

Name: _____

Home: _____ Work: _____ Cell: _____

(C) Health Insurance Carrier: _____

Policy No.: _____ Group No.: _____

Nature of Event: I understand that the nature of this event sponsored by Our Lady of the Rosary Parish (hereafter "Parish") will be held at the Bethany Center (the "location"). I have been given information, or have had the opportunity to request information, which more clearly describes the physical facility. The event will take place on October 25-25, 20 15, and will involve a transportation to the destination and the following activities: retreat gathering, prayer, games, and social time.

I understand and assume the risks inherent with such an extended field trip, which may involve certain risks beyond the reasonable control of the Parish and the Diocese of St. Petersburg, and their respective representatives, volunteers and agents. Such risks may include but not be limited to accidents, emergencies, exposure to nature and the elements, and/or negligence of the Adult Chaperones and staff of the entity at the location of the event, the Parish and the Diocese of St. Petersburg disclaim any and all responsibility for any such risks.

I am also aware that all reasonable care and supervision will be exercised by the Adult Chaperons to provide for the general well-being of my youth. However, I understand that there will be times when my youth is not directly supervised and it is impossible for the Adult Chaperons to supervise my youth every minute of every day while attending this event. I acknowledge placing my trust in my youth to adhere to proper standards of conduct and to follow the rules of the Group Leaders and Adult Chaperons, especially when not being directly supervised. I understand and assume the risks described above and those inherent with such an extended field trip. In consideration for the benefits my youth will receive in attending this event, I, individually and on behalf of my youth, do hereby **RELEASE, DISCHARGE AND COVENANT NOT TO SUE** the Bishop of the Diocese of St. Petersburg, the Parish and all parishes within the Diocese, all employees, agents and volunteers for this event, and agree to hold them harmless from any and all claims whatsoever arising from the conduct of any person(s) which result in any injury or loss to my youth, or myself.

MEDICAL PERMISSIONS FOR YOUTH: If on the day of travel to the location, my child should have any symptoms of headache, vomiting, sore throat, cold, fever, flu, diarrhea, onset of any contagious illness, or should otherwise not attend the conference for health reasons, I agree that I will not permit my child to travel to the location. Before leaving the Parish, or during travel to or attendance at the location, in

THIS FORM CONTINUES ON THE REVERSE SIDE – OVER

the event it comes to the attention of the Parish that my child shows up with any illness or there is an accident or emergency, I agree that in the sole discretion of the Parish, my child may be sent home immediately without any liability to the Parish or the Diocese of St. Petersburg.

I have given consent for emergency medical treatment that may be necessary at the time of registration. I hereby ratify and incorporate that consent by signing below. Further, my youth is in good health and I am not aware of any medical conditions that would impair or prevent my youth from attending this extended field trip.

PERMISSION FOR OTHER MEDICAL MATTERS: In the following, check **ONLY** those that apply to your child:

_____ YES, if upon leaving home I know my child is to be taking prescription or non-prescription medication at the time of this event, I give permission to the location's medical staff or Parish staff to administer the medication to my child; provided, however, that it is my responsibility to send with my child the appropriate quantity of clearly labeled medication showing dosage and frequency and to speak to a chaperone about this in advance. I understand that the Parish cannot be responsible for my failure to send the appropriate quantity of medication or for errors in the dosage and frequency due to any cause whatsoever.

_____ YES, in the event it comes to the attention of the Parish that my child complains of illness, I grant permission for nonprescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child by the location's personnel or Parish personnel.

CODE OF BEHAVIOR: I agree to instruct my child to abide by all rules and regulations including the Parish Handbook, that are imposed for this extended field trip, that are sometimes referred to as a Code of Behavior ("the Code"). I understand that if I have not previously seen the Code, it is my duty to seek a copy of the Code and to review it and to explain it to my child prior to signing this waiver. I agree that if my child fails to abide in any way by the Code, that my child can be dismissed from the location and sent home immediately at my expense for the immediate transportation home with no right of reimbursement or refund for any amount in connection with such transportation from the Parish.

I fully understand the consequences of the foregoing statements and sign this Consent Form and Liability Waiver knowingly, freely and willingly. (Your signature must appear below or your youth will not be permitted to attend the event).

Parent/Guardian Signature Date

Youth: As a participant at this event, I understand and agree to conform to all of the rules and regulations outlined in the meetings, classroom and other materials I have received, which also include the Parish Handbook and may be collectively referred to as "The Code". I understand that my failure to follow the Code will result in my dismissal from the event and that I will be sent home at my own or my parent/guardian's expense. (Youth's signature must appear below or the youth will not be permitted to attend the event).

Youth Signature Date

STATE OF FLORIDA

COUNTY OF _____

The foregoing Waiver was duly sworn and acknowledged before me this _____ day of _____, 20____, by the persons named hereinabove.

NOTARY PUBLIC

Name: _____

My Commission expires: _____

Revised: Jan/2002