



B-1 PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER FOR MEDICAL TREATMENT DUE: _____

Castaway Retreat March 19-21, 2010

Participant's name: _____
Birth date: _____ Gender: _____ Grade: _____ Number of X's at Castaway _____
Parent/Guardian's name: _____
Home address: _____
Home phone: _____ Business phone: _____
Cell Phone: _____ Other Emergency Phone: _____

I, _____ grant permission for my youth, _____
(Parent or guardian's name) (Youth's name)
to participate in this parish/diocesan event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of **Diocese of St. Cloud-Catholic Education Ministries**, parish employees and/or volunteers from _____
(Church name)

A brief description of the activity follows:

Parish Leader & Contact Info: _____
Type of event: **Castaway Retreat**
Date of Event: **March 19-20-21, 2010**
Cost of Retreat: **\$125 each** (\$50 Deposit Due _____ \$75 Balance Due _____)
Destination of event: **Young Life Castaway Club in Pelican Rapids, MN**
Individual in charge: **Diocese of St. Cloud-Catholic Education Ministries**
Estimated time of departure and return: **Leave 3/19 late morning/Return 3/21 late afternoon**
Mode of transportation to and from event: **School or Coach Bus**

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the _____ its officers, directors, employees and agents, and the Diocese of Saint Cloud, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my youth attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Saint Cloud, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature: _____ Date: _____
Print Name: _____

Please indicate if you would like a shirt from list below

Costs for shirts are for small, medium, large, and XL – Please add \$ 2 XXL & \$3 XXXL

Short Sleeve T-Shirt: \$10 each * Long Sleeve T-Shirt: \$14 each * Hoodie Sweatshirt \$25 each

I would like a: _____ SS t-shirt * _____ LS t-shirt * _____ Hoodie | Size: s m l xl 2xl 3xl
(please check one) (please circle one)

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my youth is in good health, and I assume all responsibility for the health of my youth.

→ → (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my youth 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 event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____

Phone: _____ Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Saint Cloud, chaperones, or representatives associated with the activity that my youth becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called at: _____

Signature: _____ Date: _____

Medications: My youth is taking medication at present. My youth will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the youth takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my youth unless the situation is life threatening and emergency treatment is required.

Signature: _____ Date: _____

OR

I hereby grant permission for **non-prescription medication** (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my youth, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is youth subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has youth recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.?

YES or NO

If so, list date and disease or condition _____

You should be aware of these special medical conditions of my child: _____

Diocese of Saint Cloud • Catholic Education Ministries

305 7th Ave. N. • Suite 201 • St. Cloud, MN • 56303 • 320-251-0111

fax: 320-251-0259 • email: cem@gw.stedio.org



B-2 Code of Conduct Agreement - Castaway Retreat

Plainly stated, the code of conduct for all those participating in the Castaway Retreat is one of Christian kindness, respect, hospitality, and care. It is our goal that each participant be a witness of Jesus' love and respect for all people, places and things.

Participants have the right to feel respect and safe. This code of conduct is meant to help prevent harassment and violence of any kind. Please note that any infractions of the rules may result in the youth's parent/guardian being notified to bring the youth home immediately. Please read through this form carefully before signing it.

Completion of this form is mandatory for attendance.

1. All adult and youth participants may not use or possess alcoholic beverages, tobacco products, and/or any other illegal drug or substance. Participants may not use or possess any type of weapon or instrument that could be used as a weapon.
 2. Participants are required to follow the schedule and participate in programs and activities unless exempted for medical reasons
 3. Participants and their parents/guardians will be responsible to make restitution for any damages they cause to properties utilized as part of the Castaway Retreat. This includes graffiti and/or the physical damage to the facilities and the property of others.
 4. Participants will not tamper with smoke detectors, fire extinguishers, fire alarms or any other emergency equipment. The tampering of such items is considered a misdemeanor and it's punishable by law.
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5. Participants are not allowed in the dorm rooms of persons of the opposite sex at any time. Inappropriate sexual contact is not allowed.
 6. Participants will agree to abide by all rules established by Camp Directors and parish leaders; including lights out times, dorm quiet time, and other such rules.
 7. Harassment in any form will not be tolerated.
 8. Participants shall agree to respect the role of adult leaders in promoting and administering the above rules and regulations.
 9. Cell phones will not be used by youth participants. Phones will be collected by parish leaders on the bus on Friday. Cell phones will be returned at the end of the retreat on Sunday.
 10. Limited use of other electronic devices are allowed. Music, videos, etc... need to be within the parameters of Catholic teaching. These devices may not be used

Discipline Procedure

1. Complaint will be addressed by the Diocesan Camp Director(s)
2. Retreat Coordinators, Youth Minister, and young person(s) will complete Disciplinary Report Form.
3. Diocesan Director, Camp Coordinators and Youth Minister will make decision on appropriate consequences.
4. Parish leaders and volunteers may be consulted/involved in the decision.
5. Parent/Guardian notification will occur deemed appropriate by Retreat Director and Coordinators.
6. Proper consequences will take place as appropriate.

I have read the above Code of Conduct and agree to support and abide by it.

Participant's Signature: _____ Date _____

Parent/Guardian Signature: _____ Date: _____

Day Phone: _____

Evening Phone: _____

**Please hand in to your Parish Castaway Coordinator with
your Completed B-1 Registration/Permission Form and Deposit.**

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B-3 CASTAWAY 2010

PACKING LIST

Please remember as you pack that we will only be gone from your homes a few days! Everything should fit into **1** soft sided duffel bag. Our luggage travels with us on the bus. The less luggage we have means more room for us! We also need to be mindful that as people of God our dress should be reflective of such. We dress in a manner that is respectful of ourselves and others. Any inappropriate clothing (or lack of clothing) will call us to remind one another of our respect for our bodies. Thanks for planning in advance to bring appropriate attire.

Things to bring along:

(bed linens, pillow, and one towel are provided by the camp)

- Comfortable clothing
- Jacket or sweatshirt as weather indicates
- Shoes-slip on are usually best
- Extra shoes or boots for outside
- Pajama's or sleeping attire
- Personal underclothing
- Toiletries
- Swimsuit and towel for hot tub
- Extra bath towel if you need (1 is provided)
- If you like, money for some snacks/drinks/gift shop.
- Money for Sunday Mass Collection
- You can bring your iPod/MP3/MP4 for the bus rides and for bed, but please don't let us see them out at any other time (they may be collected if they are out at inappropriate times)
- Money for supper on the way home (if your bus stops)
- A great "we" attitude

DO NOT BRING:

- Alcohol or drugs of any sort, in any amount!!
- Tobacco of any form
- Homework (you really won't have time to do it)
- Expensive valuables (buildings are not locked)
- (Cell phones will be collected on bus ride to camp and returned on way home.)
- Your pet! ☺

Medications:

If you have prescription drugs, bring only the amount needed for the weekend with 1 extra day supply in case of a snowstorm.