

STUDENT - DUE DATE: February 12, 2014



**CATHOLIC EDUCATION MINISTRIES**  
305 Seventh Ave. N. • Suite 201 • St. Cloud, MN • 56303 • 320-251-0111 • fax: 320-251-0259

Diocese of SAINT CLOUD

**Castaway Retreat March 28-30, 2014**

**B-1 PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER FOR MEDICAL TREATMENT**

Participant's name: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Number of times 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 St. Mary's Church  
(Church name)

**A brief description of the activity follows:**

Type of event: **Castaway Retreat**  
Date of Event: **March 28-29-30, 2014**  
Cost of Retreat: **\$135 each** St. Mary's Parish will cover the cost of the retreat for St. Mary's students using the money earned from the Arts and Crafts Fair parking lot fundraiser.  
Destination of event: **Young Life Castaway Club in Detroit Lakes, MN**  
Parish Leader & Contact Info: Melissa Peterson 218-310-0271  
Coordinated by: **Diocese of St. Cloud-Catholic Education Ministries** melbert912@gmail.com  
Estimated time of departure and return: **Leave 3/28 morning - Return 3/30 late afternoon** or Brenda 632-3911  
Mode of transportation to and from event: **School or Coach Bus** bprzybilla@polscha.org

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 \_\_\_\_\_  
(Church Name)

Diocese of St. 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 St. 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 or diocese.

**Photos will be taken during Castaway for promotional purposes. If you do not want photos of your child to be used for promotional purposes, please let your Parish leader know in writing.**

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Date \_\_\_\_\_

STUDENT - DUE DATE: Feb 2, 2014

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: \$12 each \* Long Sleeve T-Shirt: \$16 each \* Hoodie Sweatshirt \$26 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 care to see that this 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: \_\_\_\_\_

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## 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 respected 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.
5. Participants are not allowed in the dorm rooms of persons of the opposite gender with the exception of small group meeting time and with the supervision of parish chaperones. Inappropriate sexual contact is not allowed.
6. Participants will agree to abide by all rules established by Camp Director 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. Youth participants will not use cell phones. Parish leaders will collect phones 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 is allowed. Music, videos, etc... need to be within the parameters of Catholic teaching. These devices may not be used during organized retreat sessions or in a distracting/disruptive manner.

Discipline Procedure

1. Any 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 as deemed appropriate by Retreat Director and Coordinators.
6. Proper consequences will take place as deemed appropriate and if necessary parents will need to come to the camp to bring their youth home at their own expense.

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

Participant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Day Phone: \_\_\_\_\_

Parent/Guardian Evening Phone: \_\_\_\_\_

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