



CATHOLIC EDUCATION MINISTRIES

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

## Castaway Retreat March 29-31, 2019

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

Use this form for all students in high school

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: Church of St. Benedict

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

Type of event: **Castaway Retreat**

Date of Event: **March 29-31, 2019**

Cost of Retreat: **\$155 each** (\$80 Deposit Due: **Wed. January 30<sup>th</sup>** / \$75 Balance Due: **Wed. February 27<sup>th</sup>**)

Destination of event: Young **Life Castaway Club in Detroit Lakes, MN**

Parish Leader & Contact Info: **Meghan Stretar / 320.356.0366 / [meghan.stretar@stbenedictavon.org](mailto:meghan.stretar@stbenedictavon.org)**

Coordinated by: **Diocese of St. Cloud-Catholic Education Ministries**

Estimated time of departure and return: **Leave 3/29 morning - Return 3/31 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 Church of St. Benedict 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.**

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please indicate if you would like a shirt and mark the size below**

*Short Sleeve T-Shirt: \$15 each    Long Sleeve T-Shirt: \$20 each    Hoodie Sweatshirt: \$30 each*

Please Check One: I would like a: \_\_\_ Short Sleeve t-shirt    \_\_\_ Long Sleeve t-shirt    \_\_\_ Hoodie

Please Circle Desired Size:    s    m    l    xl    2xl    3xl    4xl

**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: \_\_\_\_\_

**MEDICATION**

**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: \_\_\_\_\_

***B-2 YOUTH 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.*****Expectations of Behavior**

1. All adult and youth participants may not use or possess alcoholic beverages, vaping, 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 is 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 be allowed cell phones at designated times.** Parish leaders may collect phones as needed and from time-to-time. Cell phones may not be used in a manner that would violate our Christian ethics or in a distracting/disruptive manner. Parish Leaders will return any collected phones at the end of the retreat on Sunday.
10. Limited use of other electronic devices may be 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. No gaming systems will be allowed.

***Continue to the back***

**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 deemed 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: \_\_\_\_\_

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

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

**Please hand in to your Parish Castaway Coordinator:**

- **Completed B-1 Registration/Permission Form**
- **Completed B-2 Code of Conduct**
- **Young Life Guest Consent Release Form**
- **\$80.00 Deposit.**



GUEST CONSENT RELEASE FORM FOR OUTSIDE GROUPS USING YOUNG LIFE CAMP

NOTE TO GUEST: Young Life wants your experience at the Young Life camps to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information.

Name \_\_\_\_\_  
Last First Middle Initial

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Spouse/First Emergency Contact \_\_\_\_\_  
Last First Middle Initial

Home Address \_\_\_\_\_  
Street and Number City State/Province Zip/Postal

Business Address \_\_\_\_\_  
Street and Number City State/Province Zip/Postal

Phone Number Home \_\_\_\_\_ Business \_\_\_\_\_

Second Emergency Contact \_\_\_\_\_  
Last First Middle Initial

Home Address \_\_\_\_\_  
Street and Number City State/Province Zip/Postal

Business Address \_\_\_\_\_  
Street and Number City State/Province Zip/Postal

Phone Number Home \_\_\_\_\_ Business \_\_\_\_\_

Any allergies or other medical needs? \_\_\_\_\_

Name of Physician \_\_\_\_\_  
Last First Middle Initial Phone Number

Address \_\_\_\_\_  
Street and Number City State/Province Zip/Postal

I have had a physical within the last 24 months.

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_  
Street and Number City State/Province Zip/Postal

**INDEMNITY AND CONTRACT AGREEMENT:**

I will not hold or attempt to hold Young Life liable for any loss, damage or injury to person or property caused by any act or neglect of other persons on or about the Property, or caused in any manner other than the willful or negligent act of Young Life, its agents and employees, and will indemnify and hold Young Life harmless from any liability for damages or claims against Young Life arising out of or in any way related to any such loss, damage or injury.

I release Young Life, including its trustees, employees and agents, from my physical injury, including death, or illness while at the Property. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

**Authorization for Treatment:** I hereby give permission to the medical personnel selected by the camp director to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above named person. To obtain a copy of Young Life's Notice of Privacy Practices, log on to [www.younglife.org](http://www.younglife.org) or call (719) 381-1950).

I verify that I am in good health and am capable of participating in strenuous activities, and when necessary, will tailor my activities to those within the bounds of my physical health. In Colorado, campers will participate in rigorous activities at 9,000 to 14,000 feet. I recognize that any medical treatment that is provided to me while attending a Young Life camp will be paid for by my medical insurance company.

**WAIVER AND RELEASE**

IF I AM UNDER AGE 18, MY PARENT OR GUARDIAN, BY SIGNING BELOW, ALSO CONSENTS TO MY RELEASE AND HE OR SHE AGREES THAT THIS RELEASE SHALL BE BINDING UPON HIM OR HER AS MY PARENT OR GUARDIAN AS TO ME AND MY ESTATE, HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS. MY PARENT OR GUARDIAN ALSO PROMISES, BY SIGNING BELOW TO DEFEND, INDEMNIFY AND HOLD YOUNG LIFE HARMLESS FROM ANY CLAIM ASSERTED BY ME AGAINST YOUNG LIFE, INCLUDING ITS TRUSTEES, EMPLOYEES AND AGENTS, IF I SHOULD REPUDIATE THIS RELEASE AFTER OBTAINING ADULTHOOD.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Your Group/Church \_\_\_\_\_ Dates of Event \_\_\_\_\_

This form must be signed by all participants, not just youth.