

High School Fall Retreat October 15-17

Mass ~ Adoration ~ Reconciliation
Quiet Time For Reflection
&
Plenty of Great Food and Fun Times

A perfect time to be with and
experience
God's Holy Spirit!

Retreat Information Page

- DATE:** Friday-Sunday, October 15-17, 2010
- COST:** \$90.00 per person.
This covers the cost for all meals, snacks, retreat supplies and Camp Rental. If a family is not able to pay the entire cost, please contact Deacon Dez, 345-4466 ext. 732 or e-mail dez@akseas.net.
No one will be turned away because of financial hardship.
- LOCATION:** **BIRCHWOOD CAMP** in Chugiak
In case you have an emergency and need to contact your teen, the number for the kitchen is 688-9129 and the Manager's Office is 688-2734.
- TRANSPORTATION:** Transportation will be **provided by bus**, to and from the camp. Bus will depart @ 6:00 pm and return to St. Elizabeth's on Sunday, approximately at 1:00 pm.
Retreatants will gather in the Church foyer with Retreat Team Members at 5:30PM for registration/check-in.
- ITEMS TO BRING:**
- | | |
|---------------------|---------------------------------|
| Sleeping bag/pillow | Very comfortable & warm clothes |
| Towel & Toiletries | Extra set of dry clothes |
| Warm, Outdoor wear | Indoor Shoes |
- ITEMS NOT TO BRING:**
- | | |
|-------------|--|
| Cell Phones | iPods, iPhones, iPads, etc. |
| Radios | CD or DVD Players |
| Firearms | Alcohol, Tobacco, or Drugs of any kind |

***If a Teen is caught with any items not allowed on the Retreat, the item/s will be confiscated and returned to the parents following the retreat.**

Thank you for respecting the intention of the retreat: to get away from the excessive noise and distractions of life, in order to better reflect on our Lord's call.

High School Fall Retreat October 15-17, 2010

Saint Elizabeth Ann Seton Permission Form

I understand that my child, _____, will be a participant in the Saint Elizabeth Ann Seton Church Retreat at Birchwood Camp. I have reviewed the information about this event and its activities and give my permission for my child to be involved in the activities of this event.

I understand and agree that if my child has to return home early for discipline violations, it will be at my expense and on my own time.

I understand that reasonable safety precautions will be taken by Saint Elizabeth Ann Seton Church, church leaders, agents, volunteers, and chaperones during the activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk in of such activities, and I agree not to claim Saint Elizabeth Ann Seton Church and such persons liable for damages, losses, diseases, or injuries incurred by my child and will indemnify Saint Elizabeth Ann Seton Church and such persons against such a claim by anyone else.

Parent/Guardian Signature _____

Date Signed _____

Please Note: A current Emergency Medical Authorization form is required in addition to this permission form for each candidate.

Please return all retreat forms by October 8, 2010.

EMERGENCY MEDICAL AUTHORIZATION
Confirmation Retreat October 15-17, 2010

STUDENT'S NAME: _____ D.O.B.: _____ GENDER: M ___ F ___

Purpose: This form enables parents to authorize the provision for emergency treatment for children who become ill or injured while at the retreat when parents cannot be contacted. Consent to seek such treatment is granted specifically to official adult representatives and chaperones of St. Elizabeth Ann Seton Church.

NAME OF PARENT OR GUARDIAN _____

HOME ADDRESS _____

HOME TELEPHONE NUMBER _____

FATHER'S WORK PLACE _____ PHONE # _____

MOTHER'S WORK PLACE _____ PHONE # _____

REGULAR PHYSICIAN _____ PHONE # _____

In the event that reasonable attempts to contact the above named have been unsuccessful, I hereby give my consent for any treatment deemed necessary for my son or daughter named on this form by medical personnel at the nearest medical facility.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

FAMILY INSURANCE COMPANY _____

POLICY # _____

If the parents cannot be reached, the alternate person to notify in the event of injury or illness is:

ALTERNATE CONTACT PERSON _____ PHONE # _____

IF YOUR TEEN REQUIRES A **SPECIAL DIET**, PLEASE BRIEFLY EXPLAIN THE DIETARY NEEDS AND TYPES OF FOODS THAT YOUR TEEN CAN EAT: _____

STUDENT'S MOST RECENT MEDICAL HISTORY:

ALLERGIES _____

MEDICATION BEING TAKEN _____

PHYSICAL IMPAIRMENTS _____

VACCINATIONS OR BOOSTER SHOTS *IN THE PAST YEAR* _____

OTHER MEDICAL CONCERNS THAT LEADERS SHOULD BE AWARE OF _____

CODE of CONDUCT

Parents and teens, please read these guidelines together and sign at the bottom of the back page.

Return this form with the permission form and medical release form by October 8, 2010.

1. CHAPERONES

The coordinator of youth ministry and the adult volunteers are in charge of the retreat and its activities. If any emergency or unfortunate situation occurs, they are to be informed of it immediately by teens or other adults.

2. CURFEWS & QUIET TIMES

The coordinator of youth ministry and adult volunteers will determine the curfew on a night-by-night basis. All teens are asked to make their final bathroom stops prior to the curfew. There is to be no one outside of the cabins after curfew. If an emergency arises during the night, alert the adult sleeping in the nearest cabin.

3. PARTICIPATION

Every person on the retreat will attend all of the scheduled activities. Everyone is expected to participate and not go off wandering alone or with a group unsupervised by an adult chaperone.

4. WEAPONS, FIREARMS & FIREWORKS

Teens are not allowed to have weapons, firearms, or fireworks of any type in their possession at any time during the retreat. This includes, but is not limited to, mace, knives, handguns, shotguns, rifles, bb guns, pellet guns, and slingshots.

5. ALCOHOL & ILLEGAL DRUGS

Under no circumstances may alcohol, tobacco, or illegal drugs be part of any SEAS outing. If it is discovered that students have cigarettes, chewing tobacco, alcohol or other drugs in their possession, their parents will be notified immediately and asked to take their child home from the retreat. The police may also be notified if civil laws have been broken.

6. UNCONTROLLABLE BEHAVIOR

Any teen that cannot be controlled by the coordinator of youth ministry or adult chaperones will not be tolerated. In the event that this happens during the retreat, parents will be notified and expected to come pick the student up at their own cost, no matter what time of day or night, and take them home.

7. JOBS & CHORES

All teens need to perform important tasks that help the retreat run smoothly, so please do your part when asked.

8. SLEEPING ARRANGEMENTS

All sleeping situations will remain segregated by gender. No men are allowed in the women's cabins at any time during the retreat. No women are allowed in the men's cabins at anytime during the retreat.

9. EXCESSIVE NOISE

The coordinator of youth ministry and adult volunteers may quiet disruptive and loud noises at anytime.

10. FREE TIME

During free time, youth will remain within the boundaries set by the coordinator of youth ministry and adult chaperones. There will be free time for each person's rest and relaxation, but please be sure to follow the time limits that are set, so you do not delay any of the other activities of the retreat.

We have read these guidelines. We understand that in the event that a teen fails to abide by the guidelines, appropriate means of reprimand will result, which may involved the police if any laws have been broken. Also, we understand that at any time of day or night, parents may be contacted regarding their teen's behavior and may be asked to come get the teen and take the youth home. If teens misbehave and it is not possible to contact the youth's parents, we realize that the parents will be contacted as soon as possible following the retreat.

YOUTH'S SIGNATURE

DATE

PARENT'S SIGNATURE

DATE

PARENT SIGN-UP/HELP SHEET

_____ \$90 enclosed - Make checks payable to St. Elizabeth Ann Seton Church.

_____ I would like to be a member of the retreat team that plans the retreat, fulfills the roles of small group leaders and sharing block facilitators. Please contact me with more information.

PRAYER IS A NECESSITY!

The retreat team relies heavily on prayer. We try maintaining a chain of prayers throughout the entire weekend - a constant vigil for all of the teens on retreat. Below, you will find a sign-up list for intercessory prayer to take place in your own homes. If you are able to, please volunteer for at least one hour and then mark your calendar and set your alarm on that weekend to help you remember your prayer time. Please return the sign-up list with the permission form. Thank you.

Please circle the hour (s) that you are able to pray for the retreat participants.

| | | | | | | | | | | |
|------------------|------|------|------|------|------|------|-----|-----|-----|--|
| Friday: | 7PM | 8PM | 9PM | 10PM | 11PM | | | | | |
| Saturday: | 12PM | 1AM | 2AM | 3AM | 4AM | 5AM | 6AM | 7AM | 8AM | |
| | 9AM | 10AM | 11AM | 12PM | 1PM | 2PM | 3PM | 4PM | 5PM | |
| | 6PM | 7PM | 8PM | 9PM | 10PM | 11PM | | | | |
| Sunday: | 12PM | 1AM | 2AM | 3AM | 4AM | 5AM | 6AM | 7AM | 8AM | |
| | 9AM | 10AM | 11AM | | | | | | | |

Please consider volunteering to help in the following areas:

_____ Giving a retreat talk _____ Cabin chaperon _____ Small Group Leader
_____ Retreat Team Member _____ Music _____ Other: _____

Parent's Name

Home/Cell phone #

Work phone #

(Only if it's OK to call you there!)

Please return all retreat forms by October 8, 2010

Forms can be mailed to:

St. Elizabeth Ann Seton Church

2901 E. Huffman Rd.

Anchorage, AK 99516

Or

Hand delivered to the parish office Monday — Friday at 9 AM — 4 PM.