

S.E.A.S. High School Retreat

Discover

the

"Heart of Worship"

October 15th-17th



Sign up by October 9th!



St. Elizabeth Ann Seton  
High School Retreat  
Permission Form  
October 15-17, 2009



I understand that my child, \_\_\_\_\_,  
(PLEASE PRINT THE PARTICIPANT'S NAME)

will be a participant in the event listed above. I have reviewed the information about this event and its activities and give my permission for my child to be involved.

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

I understand that reasonable safety precautions will be taken by the Archdiocese of Anchorage and all parishes involved, their leaders, and their agents, including volunteers during the activities.

I understand the possibility of unforeseen hazards and know the inherent possibility of risk of such activities and I agree not to claim the Archdiocese of Anchorage and such churches and persons liable for damages, losses, diseases, or injuries incurred by my child and will indemnify the Archdiocese and such churches and persons against such a claim by anyone else.

Parent/Guardian Name (PRINT) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

Please complete and return all forms by October 9, 2009

Thank you!

# Emergency Medical Authorization for the SEAS High School Retreat

STUDENT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

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

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 personal at the nearest first aid/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 \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

**STUDENT'S MOST RECENT MEDICAL HISTORY:**

ALLERGIES \_\_\_\_\_

MEDICATION CURRENTLY BEING TAKEN \_\_\_\_\_

PHYSICAL IMPAIRMENTS \_\_\_\_\_

VACCINATIONS OR BOOSTER SHOTS *IN THE PAST YEAR* \_\_\_\_\_

SERIOUS ILLNESS OR ACCIDENTS *IN THE PAST YEAR* \_\_\_\_\_

**PLEASE LIST ANY SPECIAL DIETARY REQUIREMENTS:** \_\_\_\_\_

**PLEASE LIST ANY OTHER MEDICAL CONDITIONS LEADERS SHOULD BE AWARE OF:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

# St. Elizabeth Ann Seton Parish Retreat Code of Conduct

Please read these guidelines together as parent and youth. After reading them, please sign at the bottom of the reverse side of this page and return this form with the permission form and medical release form by October 9' 2009.

## 1. CHAPERONES

The retreat director 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.

## 2. CURFEWS & QUIET TIMES

The retreat director 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 his or her designated sleeping area 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, and is not limited to, handguns, shotguns, rifles, bb guns, pellet guns, knives with long blades, and slingshots.

## 5. ALCOHOL & ILLEGAL DRUGS

Under no circumstances may alcohol or illegal drugs be part of any SEAS outing.

## 6. UNCONTROLLABLE BEHAVIOR

Any teen that cannot be controlled by the retreat director or other 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.

## 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 rooms. No women are allowed in the men's rooms – at any time during the retreat.

## 9. EXCESSIVE NOISE

The retreat director and adult volunteers may quiet disruptive and loud noises at anytime.

## 10. FREE TIME

During free time, youth will remain on the premises of Birchwood Camp. 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.

## 11. COMING & GOING FROM THE RETREAT and ENTERING AND EXITING THE BUILDING

Teens are asked not to come and go or enter and exit the building during the talks and activities of the retreat. There will be several breaks in the schedule for teens and adults to go to the bathrooms and socialize. Teens are also asked not to hangout in their cabin or somewhere else on the camp during the regularly scheduled activities of the retreat. Lastly, teens are asked not to be separate from the normal or scheduled activities of the retreat.

**We have read the rules and regulations that are listed on this sheet, and we understand that in the event that teens fail to abide by these rules, appropriate means of reprimand will result, which may involve the police if civil laws are broken. Also, we understand that at any time, parents or legal guardians may be contacted regarding their teen's behavior and may be asked to come get their child and take the teen home at their own expense and time.**

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**YOUTH'S SIGNATURE**

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**Date**

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**PARENT'S SIGNATURE**

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**Date**

~ Please return all forms by October 9, 2009 ~

Most youth are extremely hesitant about going to a retreat, but that should not deter parents from signing their teens up and getting them to the retreat. Most who attend have a positive and fun experience, despite their apprehension.

St. Elizabeth Ann Seton Parish  
2901 East Huffman Road  
Anchorage, Alaska 99516  
907-345-4466

### Parent & Adult Sign-Up Sheet for the Fall Retreat

Dear Parents and other Adults,

The High School Retreat, geared especially towards 9<sup>th</sup> thru 12<sup>th</sup> grade youth and other high school teens that are new to Saint Elizabeth's, is October 15-17th.

Some of the best opportunities for the high school students of St. Elizabeth's are the weekend retreats. Retreats have been an incredible part of the youth ministry over the past years, and we hope that they continue to be such a success.

Parents and other adults are needed and invited to help with this ministry. In the past, parents and adults have led music and singing throughout the weekend, shopped ahead of time, prepared snacks, worked in the kitchen, served on the retreat team, slept overnight in the cabins, participated in the reconciliation service, prayed from their homes for the retreat and shared meals with the group.

You may be thinking, "My teen doesn't want me there" or "This is my teen's time away from parents." These statements may be true, but your help is still needed regardless of how your teen feels about parents being present at the retreat. In the end, your teen will respect that you took the time to be at the retreat for him or her, even if he or she never says so.

If you are able to help in some manner, please complete the sheet below and return it Deacon Dez at the church office.

Gratefully,

Deacon Dez Martinez  
Director of Youth Ministry

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#### Retreat Ministry Volunteer Opportunities

Your Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How would you like to help? Please check all that apply to you!

\_\_\_ Retreat Team Member

\_\_\_ Kitchen Help

\_\_\_ Prayer from home

\_\_\_ Overnight Chaperone

\_\_\_ Music Leader

\_\_\_ Guest Speaker

\_\_\_ Driver (to and/or from retreat) \_\_\_ Other:



# High School Retreat Birchwood Camp Retreat Information



- DATE** The retreat dates are Thursday-Saturday, October 15-17. Youth gather at St. Elizabeth Ann Seton Church by 5:30PM on Thursday night and return to the church around 2:00 PM on Saturday.
- TRANSPORTATION** Teens will gather in the Church foyer with Retreat Team Members at 5:00PM for registration/check-in. Transportation will be by carpool to and from the camp. Drivers will depart for Birchwood Camp @ 5:30 pm., and return to St. Elizabeth's on Saturday, approximately 2:00 pm.
- LOCATION** The retreat will be held at 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.
- COST** The cost for the 6 meals, snacks, retreat supplies, cabins to sleep in and the Charge to rent the camp for the weekend will be **\$85.00** per person. If a family is not able to pay the entire cost, please contact Deacon Dez , 644-9732 or e-mail, dez@akseas.net.  
*No one will be turned away because of financial hardship.*
- SUPPLIES TO BRING**
- |                     |                                 |
|---------------------|---------------------------------|
| Sleeping bag/pillow | Very comfortable & warm clothes |
| Towel & Toiletries  | Homework                        |
| Warm, Outdoor wear  | Extra set of dry clothes        |
| Indoor Shoes        | Water Bottle (optional)         |
- WHAT NOT TO BRING**
- |                            |  |
|----------------------------|--|
| Cell Phones                | iPods, iPhones, etc.                   |
| Radios, CD, or DVD Players | Bad Attitudes                          |
| Fireworks                  | Alcohol, Tobacco, or Drugs of any kind |
| Firearms                   |  |

\*If Teens elect to bring any of the above "What not to Bring" items, item(s) will be confiscated and returned to the parents at the conclusion of the Retreat.