



2018 OLGH/St. Vincent Fall Life Teen Retreat

“This is good and pleasing to God our savior, who wills everyone to be saved and to come to knowledge of the truth.” - 1Timothy 2:3-4

Information Sheet

- We will depart from St. Vincent’s Church at 6 pm on Friday and come back for St. Vincent’s 6pm Life Teen Mass on Sunday evening.
- The retreat site is at Lake Placid Retreat Center in Hartford City, IN.
- Any high school age teenager is eligible to attend.
- Cost: \$85 (OLGH Parishioners) \$135 (Non-Parishioners)
 - OLGH has received grant from the diocese which covers a portion of the registration cost. Priority for the use of this grant money will be given to OLGH parishioners.
 - However, no teen will be turned down due to inability to pay their participation fee. Financial assistance can be provided to anyone in need.
 - The registration fee is due at the time of turning in the application
- We would like all attendees to participate in the retreat from beginning to the very end. We had a great number of applicants for the last retreat and believe that is fair to give priority to the teens who can make a commitment to be present for the whole retreat.
- If you cannot attend after you pay, your fee is non-refundable, unless we can fill your spot with someone on the waiting list.
- More details will be e-mailed to the parents of registered teens closer to the retreat date.
- Questions? Please send us an email at teens@olghfw.com

Nick Oberhausen
Co-Director of Youth Ministry
Our Lady of Good Hope Catholic Church

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LIFE TEEN RETREAT REGISTRATION FORM

(Financial)

Cost: \$85 OLGH Parishioners \$135 Non-Parishioners

(Checks Payable To: Our Lady of Good Hope)

Partial Scholarship Needed? _____ (Please write check for the amount you can afford.)

Full Scholarship Needed? _____

(Teen Portion)

Teen's Name _____

Home Address _____

School _____ Grade: 9 10 11 12

Parish I Attend _____ Male _____ Female _____

T Shirt Size: S M L XL XXL

I request to participate in the Life Teen Retreat. I understand that by requesting to go, I am promising to cooperate with the retreat team, the core team, and the Holy Spirit. I understand that the intention of the retreat is to help me form community and to bring me closer to God. I promise to follow instructions and be open. I also realize that I may not bring or use tobacco products, illegal drugs or alcohol.

TEEN SIGNATURE _____ Date _____

(Parent/Guardian Portion)

Parent/Guardian Name _____ Relationship _____

Email _____ Home _____ Cell _____

On Sunday afternoon we rely on the help and generosity of parent volunteers to help us clean cabins and break down the retreat center. Are you able to help? ___Yes ___No

I request that my son/daughter accompany the Life Teen staff and teens to the Life Teen Retreat. I support the right of the group's leader to have me come and pick up my teen if given a just cause.

PARENT SIGNATURE _____

(Social Media Waiver)

Initials _____ I grant Our Lady of Good Hope and St. Vincent de Paul parishes to post pictures of my child taken during the Life Teen Spring Retreat on their social media pages.

Initials _____ I do not grant Our Lady of Good Hope and St. Vincent de Paul parishes to post pictures of my child taken during the Life Teen Spring Retreat on their social media pages.

LEGAL / MEDICAL FORM

I (name) _____ grant permission for my child, (name) _____ to participate in this event. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from (name of parish/school) _____

TYPE OF EVENT: _LIFE TEEN RETREAT_____

INDIVIDUAL IN CHARGE: _NICK OBERHAUSEN / STEPHEN JAGLA_____

DATE: __NOVEMBER 30TH - DECEMBER 2ND_____

DESTINATION: __LAKE PLACID CONFERENCE CENTER (HARTFORD CITY, IN)_____

MODE OF TRANSPORTATION TO AND FROM THE EVENT: __SCHOOL BUS_____

ESTIMATED TIME OF DEPARTURE: __6 PM FRIDAY, NOV. 30TH_____

ESTIMATED TIME OF RETURN: __5:30 PM SUNDAY, DEC. 2ND_____

LEGAL WAIVER: 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 (name of parish/school) _____, its officers, directors, employees and agents, and the Diocese of Fort Wayne- South Bend, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child 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 Fort Wayne-South Bend, its employees and agents and chaperones, or representatives 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 _____

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

FAMILY DOCTOR _____ PHONE _____

HEALTH PLAN CARRIER _____ POLICY NUMBER _____

SIGNATURE _____ DATE _____

Other Medical Treatment: In the event it comes to the attention of the parish/school its officers, directors and agents, and the Diocese of Fort Wayne-South Bend, chaperones, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

SIGNATURE _____ DATE _____

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

EDICATION FREQUENCY DOSAGE _____

SIGNATURE _____ DATE _____

(PLEASE CHOOSE ONE OF THE FOLLOWING TWO OPTIONS)

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

SIGNATURE _____ DATE _____

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

SIGNATURE _____ DATE _____

Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence. Allergic reactions (medications, foods, plants, insects, etc.):

Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet _____

Any physical limitations? _____

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