



Winter Xtreme Retreat 2019

Fri., Feb. 22nd 4 pm- Sun., Feb 24th 3:30 pm

Details to Note: Drop off is near the Franciscan Hall entrance a few minutes before 4 pm. A packing list will be provided in advance. Families are asked to attend Mass for the final retreat component on Sunday, February 24th at 6:30 pm.

GENERAL PERMISSION SECTION

I request that my child _____ be allowed to participate in

**Winter Xtreme Retreat on Friday, Feb. 22nd
4 pm- Sunday, Feb 24th 3:30 pm**

at Camp TimberLee at N8705 Scout Rd, East Troy, WI. I hereby release and indemnify my parish, St. Jude, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this retreat.

Videotaping and Still Photographs

Video and still photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Diocese of Joliet website.

Code of Behavior

You are representing Youth Ministry in our diocese during this event and we expect you will represent us well. We expect that you will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our diocese.

Some Expectations:

- While participants are allowed to bring a mobile phone, we ask that they are turned off during the retreat.
- All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
- Socializing should always be done in public areas.
- The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
- Smoking is not permitted.
- Weapons and/or drug paraphernalia are not allowed.
- If under the age of 18, prescription drugs need to be given to an adult for storage and distribution.
- Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.

If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian win be responsible for my removal from the premises and any costs involved.

Teen Signature: _____

MEDICAL PERMISSION SECTION

I grant permission for the administration of First Aid to my child by the people in charge of the Discovery Retreat event, and those transporting my child to and from the event as their judgement deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Participant's Name: _____

Birth Date: _____

Allergic to medication/other? NO YES (circle one)

If yes, please describe: _____

Medication(s) presently taking: _____

Participant's Cell Phone: _____

Insurance Information

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____

Authorized Physician: _____

Phone #: _____

Contact Information

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

In case of Emergency, contact: _____

Phone #: _____

Parent/Guardian Signature: _____

Date: _____

DRIVER INFORMATION SHEET

Name _____ Date of Birth _____

Address _____ Home Phone # _____

_____ Cell Phone # _____

Driver's License # _____ Expiration Date _____

Vehicle That Will Be Used (complete only if using personal vehicle)

Name of Owner _____ Model of Vehicle _____

Address of Owner _____ Make of Vehicle _____

_____ Year of Vehicle _____

License Plate # _____ Expiration Date _____

Registration Expiration Date _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

Insurance Information (complete only if using personal vehicle)

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company _____ Policy # _____

Date of Policy Expiration _____ Liability Limits of Policy* _____

(*Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000)

Please be aware when using a personal vehicle, your insurance is primary. There is a policy that would offer additional liability protection should a claim exceed the limits of your policy.

Driving History

Have you had any of the following citations or convictions in the past THREE years:

	Yes	No
Driving under the influence of alcohol or drugs	_____	_____
Hit and run	_____	_____
Failure to report an accident	_____	_____
Negligent homicide arising out of the use of a motor vehicle	_____	_____
Using a motor vehicle for the commission of a felony	_____	_____
Permitting an unlicensed person to drive	_____	_____
Reckless driving	_____	_____

Are you currently taking any medication that may affect your driving? _____

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and, if driving a personal vehicle, have current vehicle registration and the required insurance coverage in effect on the vehicle. I agree that I will refrain from using a cell phone or any other electronic device while driving.

Driver's Signature

Date