

St. Catherine of Siena

**Fall Retreat 2015**

Who: All High School Students (9th-12th Grade)

**When: Friday, Nov. 6th to Sunday, Nov. 8th**

Where: Life Teen Camp Hidden Lake in Dahlonega, GA

Cost: Early Bird/$100.00 if you sign-up before Mon. Oct. 26th

Regular/ $150 if you register on/after Mon. Oct 26th

**Last Day to Sign-Up: Monday, November 2nd**

**Meet at St. Catherine's for check-in and loading at 6:00 pm on Friday, Nov. 6th**

**Departure from St. Catherine’s to Life Teen Hidden Lake will be at 6:30 pm**

**\*Please eat dinner before you arrive on Friday\***

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|  | *Hidden Lake is a Catholic Camp that was purchased by Life Teen in the Fall of 2014. Owned and operated by Life Teen, the primary purpose for this retreat site is to create an atmosphere that is both inviting and welcoming of the Holy Spirit so that teens are given an awesome chance to encounter Christ in their lives. Anyone who has been to Camp Hidden Lake can attest to both how beautiful it is and how much God has worked through it in the short time that Life Teen has been using it.*  **830 Hidden Lake Road, Dahlonega, GA 30533**  **Phone Number: (706) 867-0592** |
| **What to Bring:**  **Clothing**  Comfortable & Appropriate Clothes (t-shirts/jeans/sweater/PJs)  Closed-toe shoes for hiking (sneakers)  **Toiletries**  Toothbrush/Toothpaste  Shower Shoes/Towel/  Shampoo/Conditioner/Soap/Wash Cloth/Deodorant  **Bedding**  Either a **sleeping bag and twin flat sheet**  or **twin sheets and a blanket**  Pillow  **Extra’s**  Flashlight/Rosary/ Bible/ Journal  Snack to Share:  Bring one snack (chips/cookies/granola bars) to be collected and put out during snack time. | **What Not to Bring**  Cell Phones/I-Pads/Tablets/Computers/Electronics  Any alcohol or tobacco products  Expensive jewelry or clothing |
| **Any Questions?**  Kristi Parr  Director of Youth Ministry  678-385-9433  *kristip@stcatherinercc.org*  **What to Expect:**  Small Groups and Faith-Building Sessions  Praise & Worship  Times for Individual and Collective Prayer  Skits, Games, and Indoor/Outdoor Activities  Free Time  Opportunity for Fellowship and Community  Virtuous Friendships Rooted in Christ | |

**Catholic Archdiocese of Atlanta**

***St. Catherine of Siena Roman Catholic Church***

**Parental Consent and Medical Release Form**

**Life Teen Fall Retreat 2015-2016**

Friday, November 6th through Sunday, November 8th

*Life Teen Camp Hidden Lake 830 Hidden Lake Road, Dahlonega, GA 30533*

Registration will begin at St. Catherine’s at **6:00 pm** on Friday, Nov. 6th. Departure is at **6:30 pm**.

Pick up is at **6:00 pm** after the **5:00 pm Life Teen Mass** at St. Catherine’s on Sunday, November 8th.

I/We the parent(s) of: *(please print)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby give my/our approval for him/her to participate on **Fall Retreat 2015** that is sponsored by **St. Catherine of Siena Life Tee**n. I/We do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone, also the Archdiocese and its representatives, successors, supervisors, sponsors, organizers and participants for any injuries in connection with the program named above. I likewise release from my responsibility any person transporting my child to and from any of the activities. I/We hereby grant permission for publication of group (two or more persons) photos taken at youth events.

I/We also give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events named above. I/We understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I/we cannot be contacted, I/we hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

I also agree that I am legally responsible for all/any personal actions taken by my child/guardianship during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship.

Furthermore, I/we agree that if the above named student’s behavior is inappropriate, unsafe and/or detrimental to the group, I will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as a result of my child/guardianship being sent home are my responsibility.

**Insurance Carrier:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Policy #:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Child’s Birthday:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Cell:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_By initialing here, I grant permission for non-prescription medications to be given, if deemed appropriate by adult chaperone(s).

**My child is allergic to:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current medication (and dosage): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other medical, physical, or general information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In Emergency, Notify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge.**