

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child, _____, by the people in charge of the **Get A Life! 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 hospitalise, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Participant's Name: _____ Birth Date: _____ Shirt Size: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Participant Cell Phone: _____

Parent Work Phone: _____ Parent Cell Phone: _____

In case of Emergency contact _____ Phone: _____

Allergic to medication/other? NO YES (circle one) If yes, please describe:

Medication(s) presently taking:

Insurance Information

Policy in the name of:

Insurance Company:

Policy Number:

Identification/Social Security Number:

Authorized Physician: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Explore controversial issues that surround our lives, from womb to tomb.

Learn the facts and develop your moral stance by becoming more aware of the teachings of our faith.

**Friday, March 19, 5pm—
Saturday, March 20 7pm**

**St. Michael Catholic Church
Youth United
317 W. Willow Avenue, Wheaton
630 462 5047**

IMPORTANT INFORMATION FOR YOU TO KEEP ON HAND:

The world has so many difficult problems.

- How do we resolve the issue of abortion so that lives are not lost forever?
- Healthcare ...“reform”???
- The crime they committed was reprehensible, but should they be put to death?
- Is war justifiable in some situations?
- Are America’s immigration policies a “melting pot” of shame?
- Your loved one is suffering. Would death be a better choice?

Serious problems need serious solutions, but if you don’t know the issues how can you help? Is it morally okay to live your life with blinders on?

As young people you need to learn the facts about these issues, away from the political circus and with your “faith lenses” in focus. This retreat will give you a place to ask your questions.

Check in at St. Michael by 5:00pm on Friday. This is an overnight retreat so bring your sleeping bag, pillow, etc. *We do not have showers!* We will end by going to the 5:00 Mass on Saturday and share a meal afterwards. Please invite your family to join us!

We have so many great activities planned! Each participant will receive a secret “DNA” code and will get clues about their “lives” throughout the retreat. Will you be able to crack your code?

We are proud to present guest speaker Yvonne Florczak-Seeman Friday night at 7:00pm. Having experienced the physical, emotional, and spiritual pain of abortion, Yvonne ministers to post-abortion women through a variety of programs. She will share her personal story of being an ordinary pregnant 16 year-old girl. Feel free to invite your family or friends to join us for this unique presentation. They can meet us on the second floor of the Faith Center.

Still have questions? Call Leslie Stopka at 630-462-5047 or email at stmccyu@yahoo.com.

This retreat is intended for high school youth. The retreat fee is \$20 which includes all meals, materials, and a shirt. Please make checks payable to St. Michael Parish.

Registration deadline = Monday March 1, 2010.

GENERAL PERMISSION FORM

I request that my child, _____, be allowed to participate in the **Get A Life! Retreat** event, located at/in **St. Michael Parish, Wheaton** on the following day(s): **Friday, March 19 – Saturday March 20, 2010.**

I hereby release and indemnify my parish, St. Michael Catholic Church in Wheaton, 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 event.

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:

All participants are expected to arrive on time.

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.

Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.

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 from your parish 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 will be responsible for my removal from the premises and any costs involved.

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____