

# ST. HILARY HIGH SCHOOL YOUTH FALL RETREAT 2011

Friday, November 4 – Sunday, November 6, 2011

WHERE: CAMP CARL  
8065 Calvin Rd.  
Ravenna, OH 44266  
PH: 330-315-5665

TIME: \*\*\*BUSES WILL TAKE TEENS TO THE RETREAT CENTER\*\*\*  
Arrive at St. Hilary by 6:00pm on Friday, Nov. 4. The teens will return to St. Hilary in time for the 5:30pm Mass on Sunday, Nov. 6.

COST: \$60.00

A fee of \$60, a completed retreat application *and* Medical Release Form (attached to this flyer), reserves your spot for the retreat.

Applications and fees are due to the Youth Ministry Office by NOVEMBER 1, 2011 (to reserve your spot!).

**Scholarships available** - Contact Jason @ 867-1055 X224 or email JSOLOMON@STHILARYCHURCH.ORG



## WHAT TO BRING:

**\* Snack & soda to share**  
Old warm, comfortable clothes  
Play clothes for outside activities  
(according to the weather)  
Sleeping bag and pillow  
Toiletries/ towel  
Bible/journal  
**OPEN MIND/OPEN HEART**

## WHAT NOT TO BRING:

Hand held video games  
Dirty Laundry :)  
Cell Phones/Homework :)  
Drugs  
Alcohol  
Tobacco  
Closed mind/closed heart

**THIS PAGE IS BLANK**

**SO YOU CAN KEEP**

**THE OTHER SIDE!**

**:)**

# ST. HILARY FALL RETREAT NOV. 4-6, 2011 CAMP CARL - RAVENNA, OH APPLICATION

**PLEASE FILL OUT AND RETURN THIS COMPLETED FORM (BOTH SIDES)  
WITH YOUR \$60 PAYABLE TO ST. HILARY**

NAME \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_

I request to participate in the St. Hilary youth fall retreat. I understand that by requesting to go, I am promising to cooperate with the retreat team, the youth ministry staff, and the Holy Spirit. I understand that the intention of the retreat is to help 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 illegal drugs or alcohol, and that to break the retreat rules or to act unsafely or irresponsibly will result in my dismissal from the camp/center into my parent's care.

Teen signature \_\_\_\_\_

I request that my son/daughter accompany the youth ministry staff and teens to the St. Hilary youth fall retreat. I understand my teen will be engaging in *hiking, outdoor sports, and other outdoor activities*. I support the right of the group's leaders to have me come and pick up my teen at any time if given just cause.

Parent signature \_\_\_\_\_



AMT. PAID \_\_\_\_\_ CHECK # \_\_\_\_\_ CHECK DATE \_\_\_\_\_ APPLICATION # \_\_\_\_\_

# HEALTH INFORMATION & RELEASE FORM

**PLEASE PRINT, ALL AREAS OF THE FORM MUST BE COMPLETED  
(IF NOT ON FILE)**

PARTICIPANT \_\_\_\_\_

GRADE IN SCHOOL \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS (STREET/CITY/STATE/ZIP) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

FAMILY DENTIST \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICAL INSURANCE \_\_\_\_\_ POLICY # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ COUNTY/STATE OF BIRTH \_\_\_\_\_

ANY ALLERGIES, CONDITIONS, DIETARY RESTRICTIONS, SPECIAL NEEDS, MEDICAL CONCERNS OF WHICH WE SHOULD BE AWARE: \_\_\_\_\_

To the best of my knowledge, all the above information is correct and true. In case of a medical emergency, in the event I can't be contacted, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery from my child. My request releases St. Hilary Parish of Fairlawn, Ohio, and the Catholic Diocese of Cleveland in case of injury. St. Hilary's youth ministry staff and chaperones will not be held responsible or liable for any injury or loss of property.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

To the best of my knowledge, all the above information is correct and true. In case of a medical emergency, in the event I can't be contacted, I do not give permission for transportation, or medical attention for my child. My request releases St. Hilary Parish of Fairlawn, Ohio, and the Catholic Diocese of Cleveland in case of injury. St. Hilary's youth ministry staff and chaperones will not be held responsible or liable for any injury or loss of property.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

# Camp Carl

## Activity Release Form

# Needed to Participate in the Challenge Courses!

(We must have one signed copy for each individual who participates in an activity)

### DISCLOSURE

Camp Carl's programs involve a variety of activities that often include warm-ups, games, group initiative problems, the climbing tower, high and low rope challenge course elements, horseback riding, and other rigorous physical adventure activities. (The level of participation in a Camp Carl program activity is at all times completely to the individual's choice.) Yet, there is a risk, which must be assumed by each participant that he or she may suffer an emotional or physical injury, disability, or loss of life.

Policy for participation in these activities requires certain health/medical information be made known to the instructor(s) conducting the programs, so that they are prepared to respond appropriately should the need arise. This information will be held in confidence. Please complete the form and return it to the Camp Carl staff member facilitating the event in which you are participating.

### PARTICIPANT INFORMATION

1. Participant's name

\_\_\_\_\_

2. Does participant have insurance?  Yes  No If yes, indicate name of company.

\_\_\_\_\_

3. Does the participant have limiting physical disabilities/handicaps (temporary or permanent)?

\_\_\_\_\_

4. Is the participant currently taking medication (prescribed or over the counter)?  Yes  No  
If yes, state what medication the participant is taking and why

\_\_\_\_\_

5. Does the participant have any allergies, reactions to medication, or any medical/physical limitations?  
 Yes  No If yes, please explain

\_\_\_\_\_

\_\_\_\_\_

### RELEASE STATEMENT

I understand that parts of these activities may be physically or emotionally demanding. I affirm that I (or the participant) am in good health and am not under a physician's care for any undisclosed condition that bears upon my (or their) ability to participate in this activity. I recognize the inherent risk of injury or disability and understand that each participant must assume the risk of physical injury that could result. I release The Chapel/Camp Carl, its staff members, and Board of Trustees from any liability for any injury resulting from participation in these activities.

\_\_\_\_\_

Signature (parent/guardian if participant is under 18)

Phone

\_\_\_\_\_

Participant's Signature (if 18 or older)

Date