



625 S. Nardo Ave., Solana Beach, CA 92075 • Phone 858.755.2545 • Fax 858.755.3845

LIFE RETREAT

MAR. 9-11, 2012



DATE:	Mar. 9-11
TIME:	Meet at St. James at 5:00 p.m. on Mar. 9 Return to St. James on Mar. 11 will be announced
WHERE:	Young Life Oakbridge camp, Ramona, CA
WHAT:	What if you had a weekend to rest? A weekend to be inspired? A weekend to be worry-free? A weekend to enjoy the goodness that is around you? That is what retreat weekend will for you.
WHO:	This retreat is for all high school students, whether or not you are in Confirmation prep, whether or not you've attending any youth group activities.
COST:	\$150 (Cost includes food and lodging at Oakbridge, but does NOT include dinner on Friday night).
DEADLINE:	In order to reserve your spot, you must turn in your money and forms by Tuesday, Feb. 28.
NOTE:	All students attending Life Retreat must complete the attached three (3) forms: <i>Parental/Guardian Consent Form, 10 Commandments of the LIFE Retreat and Medical Release form.</i> Also, we need parents to help drive us to and from Oakbridge. Please email Pat at pat@sjym.net if you can help.



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PARENTAL/GUARDIAN CONSENT FORM

PLEASE PRINT CLEARLY!!!!

NOTE: Please fill in STUDENT'S NAME and PARENTS/GUARDIAN'S NAME. Only complete the phone and email if you have made a recent change OR have not submitted a Family Information Sheet.

STUDENT'S NAME: _____

PARENTS/GUARDIAN'S NAME: _____

STUDENT'S CELL PHONE: _____ STUDENT'S EMAIL: _____

PARENTS/GUARDIAN'S CELL PHONE: _____

PARENTS/GUARDIAN'S E-MAIL: _____

HOME PHONE: _____

I, the above name of parent or guardian, grant permission for my above named child, to participate in this parish youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance & direction of parish employees &/or volunteers from St. James & St. Leo Catholic Community. A brief description of the activity follows:

Type of event or activity: **LIFE Retreat**
Destination of event or activity: **Young Life Oakbridge Camp, Ramona, CA**
Individual in charge of and responsible: **Pat Villa**
Estimated time of departure and return: **March 9-11**
Mode of transportation to & from event: **Carpool**

As parent, and/or legal guardian, I remain legally responsible for any personal actions taken by the above named young person ("participant").

I agree on behalf of myself, my child's other parent, if known or living (name of parent) _____, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. James & St. Leo Catholic Community, its officers, directors and agents, and the Diocese of San Diego, chaperones, or representatives associated with the event with respect to any and all actions, claims or demands that may be made or brought against the parish, its officers, directors and agents, and the Diocese of San Diego, chaperones, or representatives associated with the event, arising from or in connection with my child's attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of San Diego, chaperones, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature _____ Date _____



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The 10 Commandments of the LIFE Retreat

As a willing participant of the **LIFE Retreat**, I gladly agree to abide by the following rules so that the retreat will be the best possible for me and all who are attending:

1. I will have fun!
2. I will be open to and aware of God working in me through my fellow teens, CORE Team and chaperones in my group, as well as the other participants on retreat.
3. I will abide by all requests for group control and order by the CORE Team, chaperones and Oakbridge staff.
4. I will not consume or bring alcohol or non-prescribed drugs at any time on this trip.
5. I will treat everyone in my group as well as the other youth groups with the respect they deserve as my brothers and sisters in Christ, building them up with positive praise, and not engaging in put downs, or negative criticism.
6. I will dress modestly and appropriately at all times.
7. I will be conscious of the retreat schedule, so that by being on time for all activities, I will honor and respect all those who want the best for me during the weekend.
8. I will be with a teen/CORE Team leader/chaperone at all times.
9. I will make time to take care of my body by eating and drinking lots of fluids, and getting a full night's sleep so that I will be blessed with an amazing, fun and faith-filled retreat.
10. I will respect the property of my fellow teens, CORE Team and chaperones in my group.

NAME OF PARTICIPANT: _____

If I am unable to abide by these simple rules, I understand that I will be sent home immediately at my parents' expense.

Signed (Student) _____

Signed (Parent or guardian) _____



FOR OFFICE USE ONLY	
FAMILY NAME	_____
DATE RECEIVED	_____

MEDICAL RELEASE FORM

TEEN'S NAME _____ PARENT/GUARDIAN NAME _____

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. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

Emergency Medical Treatment: In the event of any 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 any emergency, if you are unable to reach me at the above numbers, contact:

NAME & RELATIONSHIP: _____ PHONE: () _____

FAMILY DOCTOR: _____ PHONE: () _____

Family Health Plan Carrier: _____

Policy Number: _____

1) Signature _____ Date _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of San Diego, 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 charged reversed to myself).

2) 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:

3) Signature _____ Date _____

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

4) Signature _____ Date _____

I hereby grant permission for nonprescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

5) Signature _____ Date _____

Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.) _____

Immunizations: 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? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition:

You should be aware of these special medical conditions of my child: _____
