

Year 1 Weekend Retreat April 2020 Trip Information

Date of Event	Friday, April 22 – Sunday afternoon, April 24, 2020
Cost	\$150 (includes room & board, all meals, a souvenir t-shirt, and transportation cost)
Transportation	Round Trip Chartered Bus from St. Lawrence Martyr
Due dates	All Forms & Payments are due by class on Sunday March 1, 2020
Location	St. Andrew's Abbey, 31001 N. Valyermo Rd., Valyermo, CA 93563

Snacks to share (Leftover snacks will be donated to the SLM Outreach Food Pantry)	
Pillow	Closed Toe Shoes
Sleeping Bag- In a trash bag	REFILLABLE WATER BOTTLE
Towel	SUN SCREEN (as needed)
Bath Sandals (as needed)	Bug spray (as needed)
Toothbrush & Toothpaste	If it rains
Soap & Other Toiletries	1 Extra Jacket/ Sweater
Deodorant (as needed)	Extra Socks
Light Jacket / Sweater	Extra Clothes
Clothes for 3 days, 2nights	2 nd pair of closed-toe shoes (as needed)

Dress Code

NO



No Short shorts, overly ripped shorts, tank tops, crop tops, deep camisoles.

Women's Shorts Inseam Length: 4 in. or less

Men's Shorts inseam Length: 5 in. or less

If wearing leggings, accompanying top must cover bottoms

YES



T-shirts, jeans, pants, shirts, capris, shorts of appropriate inseam length

Women's Shorts Inseam Length: 5 in. or more

Men's Shorts Inseam Length : 7in. or more

Frequently Asked Questions

What if my son/daughter cannot make this weekend? What is the make-up policy?

If a schedule conflict is anticipated, notify us as soon as possible.

What do you mean by “Snacks to share”?



Here are some examples.

My teen has special dietary needs/restrictions.

The camp staff can accommodate most dietary restrictions. If your teen has special dietary needs, please let us know when you turn in the paperwork so that we can coordinate with the camp staff and ensure your teen’s dietary needs are acknowledged.

What is the goal of the retreat?

To provide the youth with multiple opportunities to encounter Jesus Christ through Prayer, Games, Videos, Skits, Testimonies, Penance/ Reconciliation, Mass, Eucharistic Adoration, and Fellowship.

How can I pay for the retreat online?

Visit our website, www.stlm.org/confirmation, and click on the payments tab.

Can teens bring their phones?

Teens may bring their phones with them on to the retreat. They will only be allowed to use their phones during their break times. Phones will be checked in during the different sessions. Cell phone reception is very limited on site.

What are the sleeping arrangements like?

The youth will be housed in a building with 4 rooms each. Each room has space for 8 teens. Young women will dorm with young women, and young men with other young men from our group. Building blocks are established according to gender and separated from each other.

Will we know when the bus arrives safely to the retreat site/ leaves the retreat site?

We will notify you of our arrival on Friday night and our departure on Sunday morning.

My teen has a lot of homework to do, will they have time to do it?

There are multiple breaks/ free-time slots for them to do homework, so they can bring their homework.

Who are the leaders for the retreat?

We have 10 adult leaders that will help facilitate the retreat as small group leaders. Each leader has undergone a background check and is fingerprinted with the Archdiocese of Los Angeles.

STUDENT AND YOUTH ACTIVITY PERMISSION FORM

School/Parish/Other Archdiocesan Sponsoring Entity ("Location"): St. Lawrence Martyr, Redondo Beach CA

Place and Date of Event/Trip: April 22-April 24, 2020 / St. Andrew's Abbey, 31001 N. Valyermo Rd., Valyermo, CA 93563

Activity: Field Trip Retreat Other (specify) _____ Purpose: _____

Description of Activity: YR 1 Confirmation Retreat See Attached: _____

Mode of Transportation: Bus Total Field Trip Cost \$ \$150

Teacher/Adult Leader: Katy Dagampat & Kacie Riordan Attire: See attachment

Minor's Name: _____

Address: _____

Date of Birth: _____ Male Female Grade _____

I request that my child be permitted to participate in the above activity. I am not aware of any physical or medical condition my child has that would prevent my child from participating fully in this activity. My son/daughter has the following medical needs, allergies or dietary restrictions _____

If my child needs to take medication while participating in this activity, I hereby give my child permission to self-administer his/her medication in accordance with the *Medication Authorization and Permission Form*, and, if my child cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my child's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for my child should it become necessary to do so. I understand that health insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to reimburse the Location for the cost of any medical treatment and related expense incurred.

Release of Liability: As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my child may suffer as a result of participation in the activity described above.

Parent/Guardian _____ Date _____

Home Phone _____ Cell Phone _____ Work Phone _____

Person to Notify in case of Emergency if Parent or Guardian is unavailable:

Name: _____ Phone: _____

Health Insurance Company: _____ Policy No.: _____

To be filled in by Location

To be filled in by parent/guardian



MEDICATION AUTHORIZATION AND PERMISSION FORM

Location: _____

Part A to be completed by a licensed physician unless copy of prescription and original prescription bottle is provided containing the information requested in Part A.

I hereby request that my son/daughter be allowed to take the following medication(s) at the Location identified above and/or at a Location sponsored field trip, event or activity.

Last Name of Minor	First Name	Sex	Birth Date
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Name of Medication: _____

A. Physician's Instructions. (Complete where applicable)

Purpose of Medication or Diagnosis

Dosage Prescribed	Date/Time Schedule	Dose Form (tablet/liquid)
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Please notify this office if patient misses medication Yes No

Medication may have adverse effects (explain) _____

Special instructions and/or comments: _____

Print Name of Licensed Physician	Signature of Licensed Physician	Date
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Physician Address and Phone Number

B. Permission for Administration of Medication and/or Testing at Location and/or at Location sponsored Field Trip/Event/Activity: I request that my son/daughter identified above, be permitted to carry and use emergency medication (inhaler, epi-pen, insulin, etc.) and/or test for levels of blood sugar at the Location identified above and/or at a Location sponsored field trip/event/activity as prescribed by the physician above. I acknowledge and understand that no health care professional or other trained adult may be available at the Location or at the field trip/event/activity to assist, monitor or supervise my son/daughter's self-administration of medication or testing unless arrangements have been made in advance. In the event that my son/daughter is unable to self-administer or self-test, I agree that Location staff/chaperones may assist my son/daughter to the extent possible under the circumstances, but neither they nor the Location shall be liable for any adverse consequences or injury. I hereby give the Location staff/chaperones permission to call paramedics to render treatment to my son/daughter should that be necessary and to release medical information to first responders for that purpose. For all other medications, my son/daughter and I will comply with the Location's policies and procedures and will provide the Location with any medication my son/daughter requires in its original prescription bottle.

Parent/Guardian Name: _____ Emergency phone number: _____

Parent/Guardian Signature: _____ Date: _____



**PARENT/GUARDIAN RELEASE FOR STUDENT OR MINOR
(NONCOMMERCIAL)**

This section to be completed by the Archdiocesan entity (school/parish/ACC) sponsoring the activity (“Location”):

Name of Location: _____

The Location intends to use your child’s image, name, voice and/or work for noncommercial purposes relating to the event(s) or activity(ies) identified below.

Description of events/activities to which this Release applies:

Duration of Release: _____

This section to be completed by Parent/Guardian:

I, _____ am the parent/guardian of _____, a minor.

I hereby authorize the Location to use the following personal information about my child:
(Please initial the applicable boxes)

Image: yes no **Voice:** yes no **Name:** yes no **Work:** yes no

I understand and agree that my child’s image, voice, name and/or work (“Personal Information”) relating to the events or activities described above will be used for noncommercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that my child’s Personal Information may be copied, edited and distributed by the Location in publications, catalogues, brochures, books, yearbooks, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed (“Materials”).

The Location may use the Personal Information at its sole discretion, with or without my child’s name or with a fictitious name, and with accurate or fictitious biographical material. The Location will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church.

I waive any right to inspect or approve any Materials that may be created using the Personal Information now and in the future. In exchange for the opportunity given to my child by the Location to participate in the activity, I agree that neither I, nor my child, will receive monetary compensation, royalties or credit. I understand and agree that the Location shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Location intends to use the Materials for a commercial purpose, I will be provided at that time with information about the terms of the commercial use.



I hereby waive, release and forever discharge any and all claims, demands, or causes of action against the Location and its affiliated entities, employees, agents, contractors and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages or injuries in any way related to, or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage.

I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, that I will submit another, new authorization form to the Location. However, my new authorization will not have the effect of revoking this Authorization, and the Location will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.

I represent that I have read this Authorization, understand the contents and am able to grant the rights and waivers it contains. I understand that the terms of this Authorization are contractual and not mere recitals. I am signing this document freely and voluntarily.

Signature: _____ Date: _____

Print Name: _____ Relationship to Child: _____

Address: _____

Telephone: _____ Cellphone: _____

Email: _____

Name of Child: _____ Age: _____

