



Youth to Youth Retreat 2022!!



DESTINATION: Camp Rotary; 3201 S. Clare Ave; Clare, MI Phone: 989-386-7943

DATE & TIME OF EVENT: 9:00 a.m. Saturday, April 23 through 4:00 p.m. Sunday, April 24, 2022

Meet: Blessed Sacrament Parish parking lot on Saturday, April 23, 2022 at 9AM

Return Blessed Sacrament Parish parking lot Sunday, April 24, 2022 at 4PM

DESIGNATED SUPERVISORS: Justin Rose 835-6777 ext 234, Kathy Russell 989-600-1112 (cell) Emergency numbers:

Justin 989-941-8460 (cell) Kathy Russell 989-600-1112 (cell) Camp Rotary (989) 386-7943

CHAPERONES: Dave Pasek, Wendy Shields, Kim White, Renee Urlaub, Derek Haddad, Justin Rose, Kathy Russell

METHOD OF TRANSPORTATION: Carpool **DRIVERS NEEDED:**
please sign up to help on the attached permission slip

*(**Please note:** The minimum acceptable liability limits for a privately owned vehicle is \$500,000 CSL [Combined Single Limit] or an Umbrella Policy. Drivers must fill out a Volunteer Driver Information Sheet located in the Faith Formation Office and have both sides of your drivers license copied.)*

Adult Chaperones : If you can spare some time to help keep our kids safe during our time together, please call Justin Rose

COST: \$65.00 — Make checks payable to *Blessed Sacrament*

ADDITIONAL ITEMS NEEDED FOR ACTIVITY: A sleeping bag, pillow, warm clothes for evening, flashlight, towel, washcloth, soap and any other personal care products you use such as toothpaste, toothbrush etc. **No poker chips. Cell phones are okay—for emergency use ONLY... NO TEXTING—especially during the retreat and during “lights out” time.**



Youth to Youth Retreat 2022!!



Also, please bring the following to share:

9th Graders Last Name A-L - one dozen cookies

9th Graders Last Name M-Z - one 2-liter of Pop

10th Graders - bag of potato chips, nacho chips or pretzels

11th Graders - fresh fruit (oranges, apples etc)

12th Graders - fruit juice 64 oz.

DEADLINE: Thursday, April 11, 2022

Keep this flyer for your own information and return the attached permission form and payment to the Blessed Sacrament Faith Formation Office.



Youth to Youth Retreat 2022!!



Youth Ministry Event: Youth to Youth Retreat 2022

DESTINATION: Camp Rotary; 3201 S. Clare Ave; Clare, MI **DATE & TIME OF EVENT:** 9:00 a.m. Saturday, April 23 through 4:00 p.m. Sunday, April 24, 2022. **DESIGNATED SUPERVISOR OF**

ACTIVITY: Justin Rose & Kathy Russell **CHAPERONES:** Dave Pasek, Wendy Shields, Kim White, Renee Urlaub, Derek Haddad, Justin Rose, Kathy Russell

METHOD OF TRANSPORTATION: Carpool

DRIVERS & CHAPERONES NEEDED: PLEASE SEE AND FILL OUT REVERSE SIDE

I, the parent of: (name) _____
(grade) _____ request that Midland Area Parishes allow my son/daughter age _____, to participate in the activity described above. I give permission for my child to participate in said trip. In consideration for my son's/daughter's participation, I hereby release, save harmless and indemnify the Midland Area Parishes, its employees, volunteers, agents and any sponsors or benefactors of said trip from any and all liability from any and all injury. I understand that my son/daughter will be under the supervision of the designated supervisor and chaperons on the stated dates and that all parish rules listed below will be in effect. I understand and agree that, if my son/daughter violates a parish rule, he/ she will be sent home. My home Catholic parish is: _____ *I am not a member of a Midland Area Catholic Parish, but my son/daughter is friends with:* _____

MEDICAL: In case medical treatment is necessary and the parents or guardian cannot be located, the following authorization is needed, I (We) authorize the adult advisor in charge to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the state of Michigan.



Youth to Youth Retreat 2022!!



Allergies _____

Chronic diseases or medical problems: _____

Medicines son/daughter is now taking: _____

Medicines that need to be dispensed during this activity must be given to the designated supervisor in its original container with directions and dosage.

Medical Insurance Carrier: _____ Policy/Contract Number: _____

Family Physician: _____

Phone: _____

PARENT (GUARDIAN) NAME (please print): _____

PARENT (GUARDIAN) SIGNATURE: _____

ADDRESS: _____ ZIP: _____

PHONE: (home) _____ (work) _____ (cell) _____

EMAIL: _____

(EMERGENCY) _____

PARISH EVENT AGREEMENT: Coupling, swearing, smoking, drinking, gambling, possession of alcohol, drugs, or firearms are **NOT** permitted at our church youth functions. Any youth found in violation of these rules will have their parents called and will be sent home.

SIGNED (Teen): _____ DATE: _____

Cell # (teen), if applicable:

Invited by (if applicable):

DRIVERS AND CHAPERONES:

We need a number of volunteers to help us get youth to and from retreat... but also to be in the cabins at all times during the retreat. This retreat grow in numbers every year – we consistently strive to keep the environment safe. Below is your opportunity to sign up and help!!



Youth to Youth Retreat 2022!!



DRIVERS:

NAME: _____

Email: _____ Phone: _____

Attended Virtus? ☐ YES ☐ NO (overnight chaperones MUST have this)

I can help with: ☐ driving only TO ☐ driving only BACK ☐ chaperoning (see below) (9am Saturday) (3pm Sunday)

I can take ☐ youth (and luggage)

Year/Make _____ License Plate# _____ Expires _____ Insurance company: _____ Policy # _____ Expires _____

*The minimum acceptable liability limit for privately owned vehicles is \$500,000 CSL

I certify that the information given on this form is true and correct to the best of my knowledge. I certify that as a volunteer driver, I hold a valid driver's license and have the required insurance coverage in effect on this vehicle. The undersigned driver agrees to indemnify, hold harmless and defend the Midland Area Catholic Churches together with their employees, agents and representatives from any and all claims for damage to a person or property caused in part or wholly by the undersigned.

Signed: _____ Date: _____

CHAPERONES: I am willing to volunteer for the following hours to chaperone: Saturday: ☐ 10am-2pm ☐ 2pm-6pm ☐ 6pm-8am (overnight) Sunday: ☐ 8am-12pm ☐ 12pm-3:30pm

Some chaperones will be asked to be in the cabins. (In most cabins, wifi is available.) The idea with this is so that youth cannot go to the cabins to be alone with one another. This includes the times during Mass and reconciliation (so you would not be able to attend during retreat). Some chaperones will be asked to walk the grounds. We are also asking that chaperones bring their own meals if needed.