

St. Norbert Youth Ministry and Confirmation Program presents our...

Confirmation II Retreat



Vision Team Member Packet
March 26 – 28, 2010

Pine Summit Christian Conference Center, Big Bear
From: 4:00 p.m. on Friday to 5:00 p.m. on Sunday
Cost: \$125.00 per Registered Vision Teen

The retreat cost is all inclusive (food, transportation, lodging, supplies, retreat t-shirt, etc). Our teens will have a snack late Friday night and will be fed lunch before we return on Sunday and will of course, be fed all meals in between.

\$25 of your Vision Registration Fee will supplement the retreat cost.

Paperwork and Money Deadlines:

...help us out...!

Paperwork and retreat fees can be turned in this evening at the Parent/Teen Meeting. If this is not possible, please have all your paperwork and money turned in by **Friday, March, 12 2010**, to our St. Norbert Youth Ministry Office or Ministry Center Office (at attn: Kirsten King, Youth Ministry). Thank you in advance.

If you have any questions, please call us at 714-637-460 x210 immediately. This will be an awesome experience for all of our Confirmation II Candidates. Keep us all in your prayers!

EMERGENCY INFORMATION FOR THE CII RETREAT CENTER

Pine Summit Christian Conference Center

700 South Wren Big Bear, CA 92315 Phone: (909) 866-5801

This information is for emergency purposes only!!! You will not be able to contact your teen directly, only the camp who can pass a message onto Kirsten in an emergency situation!

Make sure you note the following....

- Yes, this retreat is mandatory and it will be life-changing for your teen (by the grace of God!)
- Meet outside of the F&YC starting at 3:30 p.m. and NO LATER than 4 p.m. SHARP on Friday.
- The teens will be transported up to Big Bear on Charter Buses (no school buses, don't worry!).
- The buses will be leaving by 4:30 on Friday. Please plan accordingly!!
- You need to send your teen with a MEATLESS dinner to be eaten on the bus for Friday night (It's during Lent and we need to be obedient!!).
- Even if it's warm during the day, make sure to pack warm clothes for the nighttime.
- Please pack only one suitcase or duffle bag and have one trash bag with your teen's sleeping bag and pillow in it. Both of these items must be labeled with duct tape with your teen's first and last name before arriving on Friday.
- We have already attended Mass while on the retreat, and we are aiming to return between 4:30 and 5:00 p.m. on Sunday afternoon. We will call the front office and let them know when we depart from Big Bear.

Teen Check List... what to pack and what not to pack!

Bring this stuff:

- ✓ Only one suitcase and sleeping bag ... roll up your sleeping bag and pillow together, stuff them into a plastic garbage bag and label it with your name on a piece of masking tape.
- ✓ Personal items (bath towel, toothbrush, toothpaste, hairbrush, soap, shampoo, etc.)
- ✓ Two days worth of seasonal clothes – a good jacket and gloves for the nighttime
- ✓ Tennis and/or hiking shoes – no sandals or other open-toe shoes allowed!
- ✓ Medication (to be given to Retreat Nurse at Friday check-in at St. Norbert)
- ✓ A Meatless sack dinner and a drink (for Friday p.m. bus ride)
- ✓ Camera (optional) ... with your name on it

And do not bring this stuff:

- ✓ Alcohol/Drugs of any kind Cigarettes, lighters, matches, chewing tobacco, gum, candy
- ✓ Weapons of any sort (including your mouth, if you have a dangerous one!)
- ✓ Radios, iPods, cd players, video games, cell phones, blackberry's or ANY other electronics!!!
- ✓ Newspapers, magazines, books, or homework
- ✓ Anything that might distract you or those around you from the retreat experience
- ✓ Anything that might keep you or those around you from having a great time
- ✓ Anything that might drive the retreat team ***NUTS!***

Activity Release Form – Retreat Weekend of March 26 – 28, 2010

Name: _____

Date of Birth: ____/____/____ Age: ____ Grade ____ Sex ____

There are many inherent risks in a mountain camp experience! Camp activities include, but are not limited to hiking, swimming, mountain biking, low and high adventure ropes courses and paintball games. There is a possibility of risk of physical injury or harm from participating in these activities (paintballs can bruise the body and cause pain). I voluntarily elect to participate in the activities and assume the risk of injury or harm that could result from participation. On my own behalf and that of my personal representative and heirs, I hereby release Pine Summit, its officers, employees and agents from all liability from any injury or harm to my child from participating in any activity at Pine Summit Camp.

I have read, understand and agree to the above.

I can participate in any camp activity except: _____

Parent Signature: _____ Date: _____

Confirmation II Retreat Payment Form – For Credit Card Payments ONLY

Retreat Fee: \$130.00 for Confirmation II Candidates FEES ARE NON-REFUNDABLE

**Credit Card transactions include a \$5 transaction fee to cover the service charges from the credit card companies!

Teen's Name: _____

Your Name: _____ Contact Phone #: _____

VISA / MC AUTHORIZATION

Printed Name on Card: _____

(Circle) Visa / MC # _____ Exp Date: _____

Security Code# (three-digit number on the back of the card): _____

\$ Amount Charged \$170.00 Signature: _____

Parish Envelope Number (If known): _____

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FOOD, MEDICAL OR ENVIRONMENTAL ALLERGIES

My child has the following allergies:

RULES & CODE OF CONDUCT

In order to accomplish our goals, maintain safety and order, and to ensure that each student's experience is positive and meaningful, the following rules and behavior guidelines will be followed.

1. Each student is expected to be *involved* in *all* aspects of the retreat, including meals.
2. Each student is expected to *listen* to and be *respectful* of all adults and fellow students.
3. Profanity, offensive language or gestures will not be tolerated.
4. Students are not allowed in the dorm of the opposite sex at any time.
5. Students are to stay within the boundaries of the location.
6. Stealing, intentional damage or destruction of any property will not be tolerated. Students that damage or destroy any property, intentionally or not, will be responsible for the replacement of that property.
7. Foul language will not be tolerated.
8. Each student is expected to go to bed at the determined time. Leaving the dorm between midnight and 6 am is grounds for being sent home.
9. Tobacco of any kind is prohibited.
10. Alcohol, illegal drugs or anything illegal will *not* be tolerated. Any student found with these will be sent home and risks being dropped from the Youth Ministry/Confirmation Program.
11. Any form of romance or inappropriate sexual behavior will not be tolerated.
12. Each student is expected to attend the retreat with an open mind and heart, a willingness to learn and grow in their faith, and a willingness to have fun and meet new people.

Any student who is repeatedly rude, disrespectful, disobedient, or uncooperative will be sent home. Parents will be responsible to drive to the retreat to pick up their son or daughter.

Please sign and return this entire sheet with the remainder of the paperwork.

Understanding and Acceptance of Retreat Rules

I understand and agree to these rules and guidelines and I understand that if the Diocesan Leadership Team and my Youth Minister believes that my behavior warrants my being asked to leave the event, I will be sent home and my parents will be held responsible for my transportation and financially responsible for any damage that I have caused.

Student: I _____, have read the above rules and I agree to follow these rules while I am on the retreat.

Student's signature: _____ Date: ____/____/____

Parent(s):

I / we, the parents of _____, have read the above rules and have discussed them with our son/daughter who will be attending the retreat. We agree to all of the above.

Parent's signatures: _____/_____ Date: ____/____/____

ST. NORBERT CATHOLIC CHURCH MINOR PERMISSION, MEDICATION NOTIFICATION & RELEASE FORM

Event: Confirmation II Retreat
Dates: March 26, 27 and 28, 2010
Location: Pine Summit Retreat Center, Big Bear Lakes, CA

PARTICIPANT INFORMATION:

Participant's Name: _____ Date of Birth: ____/____/____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Student Cell: (____) _____
Parent/Guardian Name (s): _____ / _____
Father's Cell Phone/Pager: (____) _____ Mother's Cell Phone/Pager: (____) _____

EMERGENCY CONTACT: *Secondary Person to contact in case of emergency (adult of another household):*

Name: _____ Relation: _____ Phone: (____) _____

MEDICATION NOTIFICATION: *During the above named activity my son/daughter has my permission to take the following:*

Choose at least one:

- My son/daughter will be taking a prescription medication.
Name of medication: _____ Dosage: _____ Times per day: _____
- My son/daughter will be taking a non-prescription medication.
Name of medication: _____ Dosage: _____ Times per day: _____
- My son/daughter will not be bringing any medications, but if needed, Youth Ministry leaders may give my child the following non-prescription medications:
___ aspirin/Tylenol ___ antacid other: _____

Notes:/Allergies/Medical Problems: _____

I, the Parent (guardian) of _____, hereby give my permission for his/her participation in the above named activity. I agree to direct my child to cooperate and conform to directions and instructions of parish, school, or diocesan personnel responsible for this activity and it's safety.

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, including but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that she/he may suffer as a result of his/ her participation in the activity described above, whether or not such injuries or damage are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event my child is injured as a result of his/her participation in the above named activities, including transportation to and from these activities, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. Secondly, I am aware and herein consent for my child to participate in a volunteer adult carpool, in order to be transported to and/or from the above event. I agree to use the volunteer driver's and vehicle owner's auto liability insurance as the primary insurance in the event of any issue or accident. I am not aware of any medical condition of my child which would render it inappropriate for him/ her to participate in any activity.

I, hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I, hereby waive any rights to compensation or any right that I otherwise might have to limit or control such making or use.

I, hereby give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff. ***My consent herein is only given for the specific event listed and it expires the day after the completion of the event.***

PARENT/GUARDIAN'S SIGNATURE _____ **DATE:** ____/____/____