

*need to hit the reset button?*

# UNDIVIDED

*a retreat on keeping it simple*

**for high school students**  
february 22-23, 2019  
camp maha | \$75

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**contact hannah keisling to register**  
[keislingh@sudpomaha.org](mailto:keislingh@sudpomaha.org) | 402-496-7988



# PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

## UNDIVIDED High School Overnight Retreat

Participant Name \_\_\_\_\_

Participant T-shirt size \_\_\_\_\_

Parent e-mail & Phone \_\_\_\_\_

Participant e-mail & Phone \_\_\_\_\_

I grant permission for my youth to participate in this Archdiocesan youth ministry event that is located away from the parish/school site. This activity will take place under the guidance and direction of Archdiocesan parish/campus youth ministers and/or volunteers from parishes/schools. A brief description of the event follows:

**Name of Event: High School Overnight Retreat**

**Purpose of Event: Grow closer to God and each other**

**Cost: \$75**

**Location:** Camp Maha 17114 S 63rd St, Papillion, NE 68113

**Date of Event:** February 22—23, 2019

**Drop off:** 5:30pm at St. Vincent de Paul church gathering space on Friday, Feb. 22

**Pick up:** 10:00pm at St. Vincent de Paul church gathering space on Saturday, Feb. 23

**Transportation:** Bus (if larger than 30 participants)/carpool

**As parent or guardian,** I remain legally responsible for any personal actions taken by the above named minor ("Participant"). I agree on behalf of myself and my child, to hold harmless and indemnify the parish/school, the Archdiocese of Omaha, and any of their agents, representatives, chaperones or volunteers, for any claims arising from or in connection with any injury or illness the registered participant sustains in connection with is event.

**Photo Release:** Pictures of my child taken during the event may be used in print or electronic media for the purposes of publicity, unless I email my parish youth ministry coordinator and indicate that I do not consent.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Return to Hannah Keisling at the Formation Offices at SVdP school

Questions: email [keislingh@svdpomaha.org](mailto:keislingh@svdpomaha.org) or call 402-493-1642

# MEDICAL INFORMATION

Participant's Legal Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Health Insurance \_\_\_\_\_

Phone \_\_\_\_\_ Policy # \_\_\_\_\_

In the event the above participant becomes ill or needs emergency medical treatment, please notify:

## Parent/Guardian

## Other or Secondary Emergency Contact

Name(s) \_\_\_\_\_

Name \_\_\_\_\_

Home phone \_\_\_\_\_

Relationship \_\_\_\_\_

Mom Cell \_\_\_\_\_

Home phone \_\_\_\_\_

Dad Cell \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

Work \_\_\_\_\_

**Medications:** The above participant will bring all necessary medications which will be well-labeled. Please list all medications, their purpose, dosage, and frequency of dosage. Please use back of form, if necessary.

## Other Medical Information:

Tetanus/Diphtheria Shot (date or year) \_\_\_\_\_

Dietary Restrictions and/or Food Allergies \_\_\_\_\_

Other Allergies (medications, plants, insects, etc.) \_\_\_\_\_

Physical Limitations \_\_\_\_\_

Other Special Conditions (homesickness, sleepwalking, fainting, etc.) \_\_\_\_\_

Recently exposed to contagious disease such as mumps, measles, chickenpox, etc.? If so, date and disease/condition: \_\_\_\_\_

I hereby warrant that to the best of my knowledge, the above participant is in good health, and I assume all responsibility for their health.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

**Authorization:** I hereby grant permission for non-prescription medications (such as ibuprofen, acetaminophen, throat lozenges, cough syrup, etc.) to be given to my child, if deemed necessary. Yes \_\_\_\_\_ NO \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# YOUTH CODE OF CONDUCT

We are pleased and excited that you are joining us at the High School Overnight Retreat. This Code of Conduct has been developed as a way to help participants understand what is expected of them during the event and contributing toward making the learning experience healthy, holy, and enjoyable for everyone. Please read through the Code carefully, as you will be expected to honor and uphold it throughout the retreat.

- **Damage:** The participants and/or families of participants assume responsibility for any damage done to the conference facilities.
- **No Guests:** While participating in the Retreat participants will not invite friends who are not part of the program to come and visit you.
- **Participation:** Participants are expected to attend all sessions and community activities.
- **Dress:** Dress throughout the pilgrimage is casual but appropriate for a Christian environment; shirts and shoes are required at all times. T-shirts/sweatshirts with alcohol, tobacco, or sexual overtones are not acceptable, nor is immodest clothing exposing any part of under garments, bellybuttons, etc. Sleepwear is permitted only in the sleep areas.
- **Socializing & Sleeping Quarters:** Socializing will only take place in the designated public areas of the housing facility. Participants must be in their respective rooms by curfew time. The noise level in the rooms should be kept to a minimum and all conversations end with lights out. Scheduled quiet times must be honored. No visiting is allowed in sleeping areas occupied by the opposite sex.
- **Acceptable Behavior:** Christian behavior is expected at all times. Respect for individuals, the community, and the various facilities is required. Teasing, harassment (this includes bullying), sexual jokes, inappropriate displays of affection, etc. are considered inappropriate for this Christian environment.
- **Tobacco and Drugs:** The Archdiocese of Omaha adheres to the State Statutes in regards to tobacco products, therefore tobacco products are not allowed by anyone under the age of 18. The purchase, possession or consumption of alcohol or drugs by participants will result in immediate dismissal from the program.
- **Major infractions** of the Code of Behavior and other inappropriate behavior will meet with the same consequences.

**Youth Participant:** I understand and agree to the Code Conduct, I also understand that my parent(s) or guardian will be notified at the time of any infractions requiring my dismissal from the program, and that I will be sent home at my own or their expense.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent or Guardian:** I agree that my youth shall abide by the rules and regulations outlined in this Code of Conduct, I have reviewed it and discussed the Code with my youth prior to signing this form. I agree that if my youth fails to consistently abide by the Code or engages in a serious infraction of the Code, he or she may be immediately dismissed and sent home at my expense.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_