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SVdP Youth Formation presents

HIGH ROPES RETREAT

**SAVE THE DATE: SUNDAY, SEPT 29, 2019
9AM - 10PM**

Start the school year off strong with this fun and faith centered day retreat for 9th-12th graders. Join us for a day of High Ropes, Low ropes, prayer and Mass. Cost is \$40 and includes lunch, dinner, t-shirt, and all activities.

REGISTRATION OPEN JULY 7TH - SEPTEMBER 1ST

VISIT WWW.SVDPOMAHA.ORG/FAITH-FORMATION/YOUTH-MINISTRY/SENIOR-HIGHFOR MORE INFORMATION

Parents,

Thank you for signing up your son or daughter for this retreat. It is my goal to give them a day that takes them on an adventure while giving them many opportunities to encounter Jesus along the way. In the midst of all the fun, all the prayer, and all the activities, Jesus will be very present. I pray that all of us involved in this retreat, including you parents, will have our hearts touched in some way by Christ because of this day. Your support in prayer is so powerful for your children. Everything you do to grow their relationship with Jesus has eternal effects. Thank you!

This retreat is led by myself, alongside dedicated volunteers (many of them parents) from our parish. We will be joined by priests for Mass, Reconciliation and adoration throughout the day. We will participate in a high ropes course as well as a low ropes course. No one will be forced to do a ropes course if they feel uncomfortable. Throughout the day, we will also have breaks for teens to discuss themes from the retreat in their small groups.

God bless you and your family,

Hannah Keisling
Director of Youth Formation
St. Vincent de Paul Church

CARPOOL HELP NEEDED

If you are able to help us carpool to the retreat, please mark below.

_____ Yes I can be a carpool driver (must go through online driver safety course by the Archdiocese)

_____ If yes, how many passengers can your vehicle take (not including the driver)?

_____ Have you taken the Archdiocesan driver safety course before?

_____ Have you gone through Safe Environment Training (and remain current)?

PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

High Ropes Day 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 Day Retreat

Purpose of Event: Grow closer to God and each other

Cost: \$40

Location: Camp RiverCrest, Fremont, NE

Date of Event: Sunday, September 29th

Drop off: 8:00am at St. Vincent de Paul church Parish Center

Pick up: 10:00pm at St. Vincent de Paul church Parish Center

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 no later than September 1st.
Questions: email 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 _____