

TEEN CRHP RETREAT #14 - LIFE IN COLOR

BROUGHT TO YOU BY: THE SJF/MHR YOUTH MINISTRY PROGRAM

WHEN: SAT. FEB. 23th - FEB. 24th

START AT 7:30 A.M. ON SAT. MORNING
ENDS AT APPX 6:45 P.M. ON SUN. EVENING

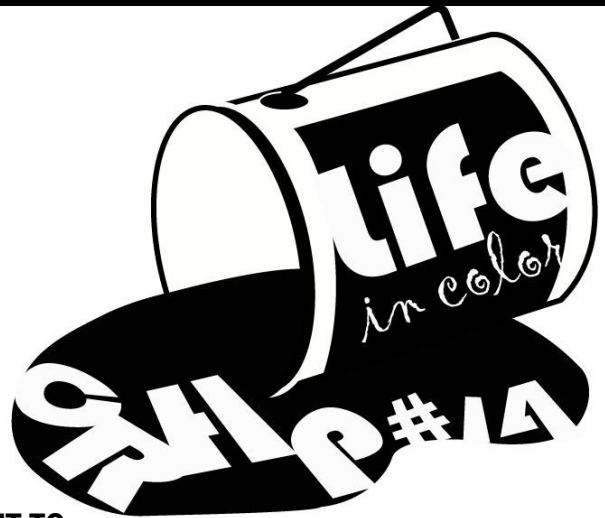
WHERE: MOST HOLY REDEEMER PARISH

(MEET AT SCHOOL CAFETERIA- GO THROUGH
DOORS IN BETWEEN CONVENT AND GYM OFF OF
96TH ST. WEST SIDE DOORS OF GYM)

HIGH SCHOOL TEENS INVITED:

SPACES ARE VERY LIMITED SO PLEASE FILL OUT THE
ATTACHED FORMS AND SEND CASH OR CHECK MADE OUT TO:

MOST HOLY REDEEMER FOR \$65



**ALL FORMS ARE DUE NO LATER THAN
TUESDAY, FEBRUARY 12th by 5PM**



*Spots will fill quickly, once they are gone they are gone!
Return forms as soon as possible to hold your spot on the retreat!*

THINGS YOU NEED TO BRING

PILLOW, SLEEPING BAG, (YOU WILL BE SLEEPING ON THE FLOOR SO IF YOU WOULD LIKE TO BRING A BLOW UP RAFT OR AIR MATTRESS TO PUT UNDER YOUR SLEEPING BAG THAT IS AN OPTION) TOILETRIES, TOOTHBRUSH, TOOTHPASTE, DEODERANT (THERE ARE NO SHOWERS AVAILABLE), COMFY CLOTHES, PJ'S (NO TANK TOPS, OR BOXERS TO SLEEP IN) GYM SHOES, SLIPPERS ARE OPTIONAL.

PLEASE DO NOT BRING

CELL PHONES, WATCHES, DVD PLAYERS, MP3 PLAYERS (UNLESS YOU NEED IT TO FALL ASLEEP) VIDEO GAMES, COMPUTERS ETC. THESE ARE ALL THINGS YOU WILL NOT NEED DURING THE RETREAT~ AND WE DON'T WANT TO WORRY ABOUT THEM CONSIDERING HOW EXPENSIVE THEY ARE.

PLEASE DROP OFF AT THE PARISH OFFICE IN AN ENVELOPE.

WRITE CRHP #14 C/O KIM MADONIA ON THE FRONT.

PLEASE MAKE SURE THE PERSON AT THE FRONT DESK MARKS DOWN THE TIME AND DATE OF THE DROP OFF!



**ALL PARTICIPANTS ARE ASKED TO BRING 2, 2 LITER
BOTTLES OF POP OR JUICE TO SHARE WITH THE GROUP
(YOU CAN ALSO BRING SNACKS TO SHARE IF YOU WOULD LIKE)**



QUESTIONS, COMMENTS, CONCERNS? CALL KIM MADONIA AT: 708-275-8922

INFORMATION SHEET (PLEASE PRINT CLEARLY)

~NAME _____ NICKNAME (OPTIONAL) _____

~SCHOOL: _____ YEAR: _____

~INVITED BY: _____

~HOME ADDRESS: _____

~E-MAIL ADDRESS: _____

~TEEN'S CELL PHONE: _____

~NAME OF HOME PARISH: _____

~PARENTS FIRST AND LAST NAME

NAME- _____ RELATION _____ CELL# _____

WORK# _____

NAME _____ RELATION _____ CELL# _____

WORK# _____

~HOME PHONE # _____

~EMERGENCY CONTACT:

PERSON _____ RELATION _____

NUMBER TO BE REACHED AT _____

~DO YOU PLAY AN INSTRUMENT? _____ WHICH ONE? _____

~WOULD YOU BE INTERESTED, IN ADDITION TO BRINGING POP, ALSO BRING A SNACK TO SHARE?

YES OR NO

IF YES WHAT WOULD LIKE TO BRING?

~DO YOU HAVE ANY SPECIAL DIETARY NEEDS? IF SO PLEASE LIST THEM BELOW:

* PLEASE READ AND FILL OUT THE OTHER SIDE OF THIS PAPER *

Archdiocese of Chicago — Child/Minor participation Release Form

(PLEASE PRINT CLEARLY)

NO ONE WILL BE ALLOWED TO PARTICIPATE WITHOUT FIRST PRESENTING THIS FORM

Child/Teen Name	Parent(s)/Guardian(s) Name—Relation to child/teen	
Address	City, State, Zip Code	Home Number
Hospitalization Plan	Policy Number	Emergency contact and number

Any allergies or medications currently being taken:

IMPORTANT INFORMATION

The Catholic Bishop of Chicago (the CBC) and MHR.SJF parish are committed to conducting its programs sand activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in programs must recognize however, that there is an inherent risk to injury when choosing to participate in activities. The CBC and MHR/SJF parish continually strive to reduce risks and insist that all participants follow safety rules and instructions which have been designed to protect the participant’s safety.

Please recognize that the CBC and MHR/SJF Parish do not carry medical accident insurance for the injuries sustained in its programs. The cost of such would make program fees prohibitive. Each person registering themselves. It must be noted that the absence of health insurance coverage does not make the CBC or MHR/SJF Parish automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the CBC and MHR/SJF Parish requires the execution of the following waiver and release. Your cooperation is greatly appreciated.

WAVIER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in registering your child/teen/minor for participation in this program you will be waiving and releasing all claims for injuries you or your child/teen/minor might sustain arising out of this

PROGRAM: TEEN CRHP #14 RETREAT

PROGRAM DATE: FEBRUARY 23-24th, 2019

- As the parent/guardian of the participant in the program, I recognize and acknowledge there are certain risks of physical injury and I agree to assume the full risk of any injuries (including death), damages of loss which I or my child/teen/minor may sustain as a result of participating in any and all activities connected with or associated with such program.
- I agree to waive and relinquish all claims I or my child/teen/minor may have as a result of participating in the program, against the CBC and MHR/SJF Parish and their agents, servants and employees.
- I do hereby fully release and discharge the CBC and MHR/SJF Parish and their officers, agents, servants and employees from any and all claims from injuries, (including death), damage or loss which I or my child/teen/minor may have or which may accrue to me or my child/teen/minor on account of participation in the program.
- I further agree to indemnify and hold harmless and defend the CBC, MHR/SJF Parish and their officers, agents and employees from any and all claims resulting from injuries (including death), damages and losses sustained by me or my child/teen/minor or arising our of, connected with, or in any way associated with the activities of the program
- I understand that the bringing of, or use of any drugs, including alcohol, will not be tolerated, and that if my child/teen/minor violates any of the rules which have been established, I will be called to pick up him/her.

In the event of any emergency, I authorize the CBC and MHR/SJF Parish officials to secure from a licensed hospital, physical and/or medical personnel any treatment deemed necessary for my child/teen/minor immediate care and agree that I will be responsible for payment of any/all medical services rendered.

By signing this form you are giving your consent to use your minors name and pictures/videos from this event in the parish bulletin and on the internet. You are also giving your consent for the Youth Minister to communicate electronically (email, text message, facebook etc.) with your minor.

I have read and fully understand the above Program Details, Wavier and Release of all Claims and Permission to Secure treatment.

(Parent(s)/Gaurdian(s) Signature)	DATE	(Participant’s Signature Birthday _____ Grade _____)	DATE
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PLEASE TURN OVER AND FILL OUT INFORMATION