

## Spring Retreat 2018

St. Charles, Incarnation, and St. Francis

April 20-22, 2018

### Where?

Maria Stein-Montezuma Location

6731 State Route 219, Celina 45822.

<http://spiritualcenter.net/about-us-2/montezuma-annex/>

### When?

- Carpool from Incarnation @ 5:30pm.
- Pick up time will be around 12:30 on Sunday.  
\*(If you want to be dropped off/picked up at Maria Stein, we can work that out as well)

### Cost?

\$75 per person (financial assistance available)

### What is included?

- † 3 day, 2 nights stay at Maria Stein-Montezuma Location
- † All meals and drinks for the weekend
- † Retreat t-shirt
- † An awesome faith experience, Mass, XLT (Adoration with Music)
- † An opportunity to get to know others in faith (and maybe even a dance party...)



## REGISTER NOW!!!

To register, please give your youth minister the following information as well as your permission form and registration fee of \$75:

Name \_\_\_\_\_ Grade \_\_\_\_\_ Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

To register or if you have any questions please contact Danny, Heather, or Marty at:

Danny Dunn

Incarnation Parish

Cell: 937.542.9134

[Daniel.Dunn@incarnation-school.com](mailto:Daniel.Dunn@incarnation-school.com)

Heather Dunn

St. Charles Borromeo Parish

Office: 937-434-4460

[hdunn@stcharles-kettering.org](mailto:hdunn@stcharles-kettering.org)

Marty McClain

St. Francis Parish

Cell: 513-235-7478

[mmclain@sfacc.org](mailto:mmclain@sfacc.org)

### What to bring:

PERMISSION FORM (if you didn't turn it in prior to coming), a snack to share with others, towel, toiletries, flashlight, bug spray, 2 changes of comfortable clothes, socks, tennis shoes, flip flops, Bible (if you want), journal (if you want), an amazing heart, and an open mind!

### What NOT to bring:

Electronics (iPods, Video Games, Radios, ect.), Cell Phones (if you bring these we will collect them), Medications (other than prescriptions), food and drinks in your bags (they will attract critters if you bring them), expensive jewelry.

**PLEASE RETURN FORM BY Thursday, April 12<sup>th</sup>**

**\*\*All Checks can be made payable to "Incarnation Youth Ministry" regardless of parish\*\***

Church Agency: Incarnation, St. Charles, & St. Francis Location: Maria Stein Activity: Retreat

Dates: Friday, April 20, 2018-Sunday, April, 22, 2018 Time: 7 pm-11:00am Emergency #: Cell: (937) 542-9134

Cost: \$75 Group Leaders: Danny Dunn, Heather Dunn, Marty McClain Office #: (937)-433-5589

\*Parents, if you would like to keep this information, please cut along the dotted line & just return the bottom portion of this form\*

# Spring Retreat Permission Form

## ARCHDIOCESE OF CINCINNATI PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY ((rev. 11-2016)

- I, the parent or lawful guardian of (the "child"), give permission for my child to participate in the activity described on the Activity Information form (the "Activity") and release from all liability and indemnify the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati, and all parishes and schools within the Archdiocese, and their respective officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorneys' fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the Activity and further agree not to bring or prosecute or allow to be brought or prosecuted (including but not limited to prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits or actions against the Archbishop, the Archdiocese, and their respective officers, agents, representatives, volunteers and employees.
- I further understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child's participation in the Activity in spite of the risks.
- I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.
- I appoint the Archbishop or his agents who are acting as leaders of the Activity as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity or related travel:
  - To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the Child.
  - I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.
- This power of attorney shall lapse automatically upon completion of the activity and related travel.
- I agree that the Archbishop or his agents may use a photograph, video or other likeness of my child for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities.
- This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof. I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Medical Power of Attorney shall be effective and binding upon me, my Child, and my own and my Child's personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

*I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.*

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (c) \_\_\_\_\_ (h/w) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: (c) \_\_\_\_\_ (h/w) \_\_\_\_\_

### MEDICAL INFORMATION – COMPLETED BY PARENT OR GUARDIAN – PLEASE PRINT

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's Social Security # \* \_\_\_\_\_

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Chronic Conditions (e.g. epilepsy, diabetes) \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Member's Name \_\_\_\_\_ Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_

Member's Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Member's Social Security # \* \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

\* Social Security number is optional; however, please note that some hospitals WILL NOT treat without it.

**Please note any Dietary Restrictions here:** \_\_\_\_\_