

Encounter



FALL RETREAT WEEKEND

November 8th-9th, 2025

ROCKFISH CAMP AND RETREAT CENTER - PARKTON, NC

REGISTRATION DUE OCTOBER 16TH 2025

ST. ELIZABETH ANN SETON HIGH SCHOOL YOUTH MINISTRY



2025 FALL RETREAT

ROCKFISH CAMP AND RETREAT
CENTER 226 CAMP ROCKFISH
ROAD PARKTON, NC 28371

This year's theme for the fall weekend retreat is "**Encounter**." "We have come to believe in God's love: in these words the Christian can express the fundamental decision of his life. Being Christian is not the result of an ethical choice or a lofty idea, but the **encounter** with an event, a person, which gives life a new horizon and a decisive direction" (Pope Benedict XVI, Deus Caritas EST, 1). Over the course of the weekend, each teen will be given opportunities to deepen their relationship with God in prayer and deepen their connection to their faith.

November 8th-9th, 2025 Registration Deadline -
Thursday, October 16th, 2025

Drop Off - Saturday, November 8th, 2025 - 8:00am - Parish Hall, St. Elizabeth Ann Seton (Parent/Guardian must check student in)

Pick Up - Sunday, November 9th - 12:45pm - Parish Hall, St. Elizabeth Ann Seton

Early Registration Fee (Register by October 5th) - \$80 Registered SEAS
YM Member/\$120 all other youth

Regular Registration Fee (October 6th-October 16th) - \$100 per youth (includes lodging, all meals, and all other retreat activities)



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Retreat Packing List

- Twin size bed linens and/or a sleeping bag and pillows.
- Bath towels and washcloths
- Comfortable clothing (Dress for the weather and our planned activities! Bring layers, pajamas, coats, rain jackets, Mass-appropriate clothing, etc.)
- Shoes (Closed-toed/athletic shoes are required for some planned activities and flip flops/shower shoes are recommended for the showers!)
- Toiletries (Soap, Shampoo, Toothbrush, Deodorant etc.)
- Refillable water bottle
- Hat
- Insect Repellant
- Sunscreen
- Flashlight
- Any prescribed medications (Must be turned in to/administered by an adult leader!)

ABSOLUTELY NO: Alcohol, tobacco, illegal drugs, fireworks, drones, weapons of any kind, pornography, anything that can be used for pranks (water balloons, silly string, etc.), energy drinks, or negative attitudes!



Retreat Registration Cover Page

Participant Name:

FOR OFFICE USE ONLY:

- ☐ SEAS Youth Ministry Parental/Guardian Consent Form & Liability Waiver
- ☐ SEAS Youth Ministry Image Release Form SEAS Youth Ministry
- ☐ Parental/Guardian Medical Information & Consent Form
- ☐ SEAS Youth Ministry Event Participant Code of Conduct
- ☐ Rockfish Camp and Retreat Center Retreat Adventure Waiver
- ☐ Registration Fee



Parental/Guardian Consent Form & Liability Waiver

Participant Information

Participant's Name & E-mail Address:			Date of Birth:	
Address:		City:	State:	Zip:
Home Phone:		Parent/Guardian's Name & E-mail Address:		
Cell Phone:	Work Phone:	Other number where parent/guardian can be reached:		

Consent & Liability Waiver

Important! To be filled out by the Parent/Guardian for youth under 18 years of age and individuals age 18 or older and in high school.

In consideration of the program in which my son/daughter will participate, I, as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany St. Elizabeth Ann Seton High School Youth Ministry to:

Event & Location: HSYM Fall Retreat, Rockfish Camp and Retreat Center, Parkton, NC	Date & Time: November 8th, 2025 8:00AM - November 9th, 2025 12:45PM
☐ Transportation Not Provided ☒ Transportation Provided	Method of Transportation: Automobile

I acknowledge that St. Elizabeth Ann Seton High School Youth Ministry is providing transportation to and from St. Elizabeth Ann Seton Catholic Church, 1000 Andrews Road, Fayetteville, NC to the event. I acknowledge and assume the risk of this transportation for my child. My child must comply with St. Elizabeth Ann Seton High School Youth Ministry rules and procedures. By granting this permission, I also waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, St. Elizabeth Ann Seton High School Youth Ministry, St. Elizabeth Ann Seton Catholic Church, any of their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the program.

Additional Information

Dietary Restrictions:
Other:

Parent/Guardian Signature:

Date:

(must sign for any participant under 18 &/or 18 or older & in high school)

Participant: In signing the line below, I certify all the information on the trip form is complete and accurate, I also agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand there will be consequences for my actions, including being removed from the activity and being sent home at my parents/guardian's expense.

Participant Signature:

Date:



Image Release Form (Photography and Image Assignment Waiver, and Release)

I _____, for valuable consideration received, and for being allowed access to parish property, activities, or events, expressly assign to St. Elizabeth Ann Seton High School Youth Ministry and St. Elizabeth Ann Seton Catholic Church, and to all of their current, former, and future agents and related entities, all rights, title and interest in, and to, the use of my and my child/ward's image or likeness, including, but not limited to all videotape recordings, photographs, or audio recordings of, or made by, me and/or my child/ward on parish property, during a parish-sponsored event, or for any other parish purpose ("the Property").

I hereby irrevocably grant St. Elizabeth Ann Seton Catholic Church perpetually and exclusively, the right to use and incorporate (alone or together with other materials), in whole or in part, the Property, in any parish publication, news release, or for any other purpose. Further, I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or distribution of the Property without limitation for any purpose whatsoever, and I further waive all rights to any compensation for my and/or my child/ward's appearance or participation in the Property. I understand and have been advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the parish. Participants' names would not be identified, however, without specific written consent. I further understand that the parish has no control over the use of photographs or film taken by media that may be covering the event in which my child(ren)/ward(s) participate(s).

I hereby waive any claims against and release the parish, its current, former, and future religious, employees, volunteers, agents, and successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I and/or my child/ward may have against the parish in connection with the Property or the use of the Property.

This release shall not obligate the parish to use the Property or to use any of the rights granted hereunder, or to exhibit, distribute, or exploit the Property. I acknowledge that the parish cannot control all photographic access to its properties, and that my child/ward's name may be printed with photos/images in various publications, including non-parish publications

I represent that I am eighteen years of age or older, and that I have read and understand the terms of this Assignment, Waiver, and Release.

Parent/Guardian Signature:

Date:

If applicable, name(s) of minor children/wards:



Parental/Guardian Medical Information & Consent Form

Participant Information

Participant's Name:				Date of Birth:	
Address:		City:	State:	Zip:	Phone:
Mother's Name:			Phone:		
Father's Name:			Phone:		
Emergency Contact			Languages Spoken by Emergency Contact:		

Medical Matters

I hereby warrant to the best of my knowledge, all the information provided is true and correct and I assume all responsibility for the health of my child. I understand it is my responsibility to update the Medical Information & Consent Form if there are any changes to my child's health. (Please initial) _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment. (Please initial) _____

Family Doctor:	Phone:
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Medications: I hereby Grant Permission for my child to be given the following provided medications. All medications must be well labeled. [NOTE: Any/all prescription medications must be in original pharmacy container with young person's name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person's name on the container.] I release and hold harmless St. Elizabeth Ann Seton High School Youth Ministry, St. Elizabeth Ann Seton Catholic Church and any other religious, employees, volunteers, agents and representatives from any injury or harm resulting from administering the medication. (Please initial) _____

Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency, are as follows:

Medication:	Dosage:	Administer:
Medication:	Dosage:	Administer:
Medication:	Dosage:	Administer:

Medical Conditions Information: (Reasonable steps will be taken to keep this information confidential, but it will be shared with parish personnel and others, as warranted.) My son/daughter: ☐ Seizures ☐ Asthma ☐ Diabetic

- Is allergic to the following medications _____
- Has had an episode of the following or has been diagnosed with: _____
- Has had allergic reactions to the following (foods, dyes, latex, etc.) _____
- Has had a medical surgery within the last six months? ☐ Yes ☐ No Still under doctor's care? ☐ Yes ☐ No
- Has a medically prescribed diet (please explain) _____
- Has the following physical limitations _____
- Immunizations current and up to date? ☐ Yes ☐ No Date of last tetanus/diphtheria immunization _____
- You should also be aware of these special medical conditions of my child: _____

Insurance Information

☐ No, I do not carry medical insurance at this time.	Insurance Carrier:
☐ I do carry medical insurance at this time.	
Name of Insured:	Insurance Policy Number:

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.

Parent/Guardian Signature: _____

Date: _____

(must sign for any participant under 18 &/or 18 or older & in high school)



Youth Event Participant Code of Conduct

- I am responsible for my own actions. I am asked to assume the natural consequences for any negative behavior or disturbance. I will take full responsibility for any damage or theft as a result of my actions. I understand that youth/adult leaders are acting in my best interest and for the benefit of this event and will be enforcing this code of behavior. I understand that I need to listen when asked or instructed to act.
- As a representative of St. Elizabeth Ann Seton, I understand that I am to be respectful and courteous to ALL event guests and staff. At overnight events, I agree to abide by any curfew set by SEAS YM or facility staff.
- For my safety, I realize that I am not allowed to leave the event site for ANY reason without written consent of my parent/legal guardian unless the program schedule calls for it. I understand if I need to leave the event site for any reason, I must be accompanied by my parent/guardian.
- ALCOHOL, CIGARETTES, E-CIGARETTES/VAPE DEVICES, WEAPONS OR ILLEGAL DRUGS ARE STRICTLY PROHIBITED. Possession of these items is grounds for immediate dismissal. (Weapons are defined as: knives, switchblades, guns, chains, or items intended to cause harm.)
- I agree to have the best possible time at SEAS YM events and to share the spirit of Christian joy and friendship with other participants. In order for this to happen I agree to be prompt, to attend all sessions, and to participate in all activities.
- On overnight trips, I understand that all youth are required to stay in their assigned rooms/cabins and I agree not to change rooms/cabins. I also agree not to visit rooms/cabins with members of the opposite sex.
- Christ-like behavior is expected from me at all times. Inappropriate contact, touch, gesture, language or activity of an offensive nature is NOT ACCEPTABLE.
- I agree to abide by this "Code of Behavior." As a representative of St. Elizabeth Ann Seton Catholic Church, I am asked to project an image of Christian consideration, sensitivity and respect to others and to the property around me. Infractions of these rules will result in Event Staff/or Supervising Adult discussing the infraction with me. In the unlikely event that a behavior problem requires action, my parent(s) or guardian will be notified, and I will be dismissed from the event. My parent(s)/legal guardian(s) will be expected to pick me up.

Participant Name (Printed):

Participant Signature:

Date:

Parent/Guardian Signature:

Date: