

**St. Joseph of the Lakes
2021 DT Year 1 Retreat
Sunday, October 3, 2021
11:15 AM - 6:30 PM
at St. Joseph of the Lakes**



Let us gather for a day of faith, fellowship, and fun. Retreats help us grow closer to God by stepping outside of our daily routine to focus on our faith and build a community of support. Our retreat theme is "God's Dream for You" and includes talks, small groups, games, prayer, free time, and much more. We provide a lunch and snack during the retreat.

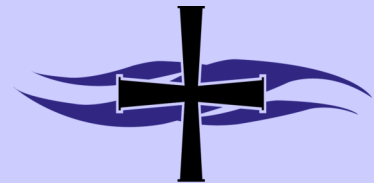
This is the opening event for 9th Grade Faith Formation and participation is expected.

**9th Grade
Retreat Team
Leaders**

Scott Crumb



Deb Klaverkamp



**ST. JOSEPH OF THE LAKES
CATHOLIC CHURCH**

TOGETHER IN SPIRIT

**Please complete the registration form and return to the parish office by Friday, September 24, 2021.
Contact Scott Frieler with any questions at 651-784-3015 x104 or at ScottF@SaintJosephsParish.org.**

ST. JOSEPH OF THE LAKES 2021 DTS YEAR 1 RETREAT

CODE OF CONDUCT

The Code of Conduct is for all of those participating in the 2021 DTS Year 1 Retreat sponsored by St. Joseph of the Lakes . It is our goal that each of us be a witness of Jesus' love and respect for all people and things.

- Any infraction of the expectations may result in the parents of youth being called and the youth being sent home immediately at the parent's expense. Please read through this form carefully before signing.

EXPECTATIONS:

1. All adult and youth participants may not use or possess alcoholic beverages, tobacco, or any illegal drug or substance. Participants may not use or possess any type of weapon or instrument that could be used as a weapon.
2. Participants are required to follow the schedule and stay with the group they are assigned to.
3. Participants will be responsible to make restitution for any damages that they cause to properties utilized during the Confirmation Retreat.
4. Harassment in any form (Physical, Emotional, or Sexual) will not be tolerated.

CONSEQUENCES:

1. Adult leader or Director shall confront behavior.
2. Director and youth will discuss issue & take appropriate action.
3. Parental notification/involvement will occur as appropriate. If any of the above are violated, parents will be expected to come and remove the youth immediately.

I have read the above Code of Conduct and discipline policy and agree to support and abide by it.

Participant Signature: _____ Date: _____

Parent Signature: _____ Date: _____

PARTICIPANT REGISTRATION FORM

Participant's name: _____

Birth date: _____ Grade: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Mobile Phone : _____ Home Phone: _____

I, _____ grant permission for my child, _____
(Parent or guardian's name) (Child's name)

to participate in 2021 St. Joseph of the Lakes Confirmation Retreat . This activity will take place under the guidance and direction of the St. Joseph of the Lakes Staff and Volunteers. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

A brief description of the activity follows:

Type of event: **St. Joseph of the Lakes DTS Year 1 Retreat**

Location of the event: **St. Joseph of the Lakes Catholic Church**

Individuals in charge: **Coordinator of Confirmation & Parish Volunteers**

Date & Time: **Sunday, October 3rd, 2021 11:15 AM—6:30 PM**

Parent/Guardian Signature _____ Date _____

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

LIABILITY WAIVER

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Joseph of the Lakes their officers, directors, employees and agents, and the Arch Diocese of Minneapolis/Saint Paul MN, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Arch Diocese of Minneapolis/Saint Paul, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature: _____ Date: _____

MEDICAL MATTERS:

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the numbers above, contact:

Name & relationship: _____ **Phone:** _____

Family doctor: _____ **Phone:** _____

Family Health Plan Carrier: _____ **Policy #:** _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and volunteers associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called or texted.

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

Covid 19 Waiver: St Joseph of the Lakes cannot guarantee that your child will not become infected with Covid-19 when participating and I voluntarily assume responsibility to myself, and my children for any personal injury, illness or death and expense that may occur due to participation in this event.

Signature _____ Date _____

CHOOSE ONE OF THE STATEMENTS BELOW TO SIGN:

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

OR

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence. Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as Covid 19, mumps, measles, chicken pox, etc.? If so, list date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

