

IGNITE Retreat 2010

ARE YOU READY TO HAVE YOUR HEART
SET ON FIRE WITH CHRIST?

All incoming high school freshmen are invited to take part in a brand new ministry with the Total Youth Ministry program!

The retreat weekend will be filled with great music, an array of talks, games, fantastic food, and fun.

This weekend retreat will not only provide an opportunity to ignite your faith, but is sure to leave you craving more!

Retreat weekend:
September 3-5, 2010
Cost: \$79
(Cost includes lodging,
transportation, meals,
and a t-shirt)

ignite /ig'nīt/ verb: to render luminous by heat; to set afire



TOTAL YOUTH MINISTRY

WWW.HOLYFAMILYTYM.COM
Holy Family of Nazareth Catholic Church

YOUTH MUST TURN IN PERMISSION FORM BY AUGUST 25, 2010 TO RESERVE THEIR SPOT ON THE RETREAT. LATE PERMISSION FORMS WILL BE TAKEN ONLY ON A SPACE AVAILABLE BASIS!

PERMISSION SLIP AND MEDICAL CONSENT FORM

I GIVE MY SON/DAUGHTER _____ PERMISSION TO ATTEND THE SENIOR TYM FRESHMAN "IGNITE" RETREAT@CAMP COPASS ON FRIDAY, SEPTEMBER 3, 2010 UNTIL SUNDAY, SEPTEMBER 5, 2010. WE WILL MEET AT HOLY FAMILY BEGINNING AT 5:00 PM ON FRIDAY AND RETURN ON SUNDAY FOR THE 12:00 PM COMEBACK MASS AT HFN. WE WILL TRAVEL TOGETHER USING THE CHURCH BUS. IN CASE OF AN EMERGENCY, PLEASE CALL THE CAMP NUMBER 1ST AND THEN TRY MY CELL NUMBER (210-912-7914). IN THE EVENT THAT MY CHILD BECOMES ILL OR SUSTAINS INJURY WHILE ON AN AUTHORIZED AND CHAPERONED OUTING WITH TYM, I THE UNDERSIGNED, GIVE MY PERMISSION TO THOSE IN CHARGE TO TAKE WHATEVER STEPS ARE NECESSARY TO STOP ANY BLEEDING AND TO ADMINISTER FIRST-AID. I UNDERSTAND THAT HOLY FAMILY CATHOLIC CHURCH AND THE DIOCESE OF DALLAS ARE NOT RESPONSIBLE IN CASE OF INJURY. I ALSO CONSENT TO AN X-RAY EXAMINATION, ANESTHETIC, MEDICAL (OR DENTAL) OR SURGICAL DIAGNOSIS AND TREATMENT AND HOSPITAL CARE, AND THE ADMINISTRATION OF DRUGS OR MEDICINE TO BE RENDERED TO MY CHILD UNDER GENERAL OR SPECIALIZED SUPERVISION. I UNDERSTAND THAT ALL POSSIBLE ATTEMPTS WILL BE MADE TO CONTACT ME AS SOON AS POSSIBLE IF ANYTHING SHOULD HAPPEN TO MY CHILD. I ALSO UNDERSTAND THAT IF IT IS DECIDED TO DISMISS MY SON/DAUGHTER DURING THIS EVENT, I AM RESPONSIBLE TO MAKE AND PAY FOR ARRANGEMENTS TO HAVE MY CHILD BROUGHT HOME.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

HOME PHONE NUMBER: _____ CELL NUMBER: _____

E-Mail Address (MANDATORY): _____

ALTERNATE CONTACT PERSON & PHONE #: _____

Medical Information:

Please list any health problems your child may have (examples: Asthma, Allergies, Contacts, Etc.....) _____

List all medications your child is allergic to: _____

List all medications your child is currently taking and dosage: _____

Please use the following space for any additional information that you would like to share with us that would make this a meaningful experience for your young person. Add any limitations we should be aware of concerning activities during the weekend.

Youth Medical Consent Form Continued

I hereby authorize the following over the counter medications to be given to my child if needed during the Freshman IGNITE Retreat weekend. (A log will be kept of when and of how much medication is given to your youth.)

(Please initial to the left of each item that is approved to administer/sign in the designated area.)

- | | | |
|--|---------------------------|------------------|
| ____ Tylenol | ____ Ibuprofen | ____ Aleve |
| ____ Antacid (Tums/Pepto Bismal) | ____ Imodium | ____ Cough Drops |
| ____ Mylicon Tablets (tablets for gas) | ____ Anti-biotic Ointment | ____ Midol |
| ____ Anti-histamine Capsules | ____ Anti-histamine Cream | ____ Dramamine |

Please list any additional over the counter medications that can be given to your child.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PLEASE NOTE: All medication must be turned in prior to our departure on Friday of the retreat. Only put enough medication in the original bottle for the weekend and attach instructions with the bottle in a plastic baggie. Please write your child's name on it and turn in at check-in before loading their luggage.

In case of an emergency, we need the following additional information below. This information will be kept confidential.

Youth's Name (full name/Print please) _____

Address with city and zip _____

Age of Youth _____ Grade in School _____ Date of Birth _____

Doctor's Name _____ Phone _____

Hospital _____ Phone _____

Insurance Information:

Insurance Policy Holder Name _____ Ins. ID # _____

Insurance Company Name _____ Policy # _____

Phone _____

Address _____

City _____ State _____ Zip _____

Please read the following information if your youth does not
have insurance.

You must have insurance of some kind in order for your youth to attend this activity. If you wish for your child to attend, we ask that you sign and fill in the following information.

I hereby authorize my Son/Daughter _____ to participate in the Freshman IGNITE Retreat 2010 with Holy Family Parish. I understand and fully recognize that I do not have medical/health insurance for my youth. I assume any and all cost to obtain medical treatment for my child at my own expense. I will not hold Holy Family Parish, the hosting Parish, members of the staff or volunteers, connected with the above said activity responsible for any cost incurred due to treatment of my child that may occur during this activity. In case of an emergency during this time, I hereby consent to and authorize the giving of treatment and or medication ordered by a physician or adult for the care of my child. I also hereby consent, in case of an emergency, to treatment through the care of an emergency room and/or hospitalization if necessary to ensure the safe treatment of my child. In doing so, I agree to pay in full the expense of that treatment, by authorizing the use of my credit card information below to obtain treatment for my child.

Name of Person on Card: _____

Type of Credit Card: _____

Credit Card Number: _____

Date of Expiration: _____

Please note all credit card information filled out will be kept confidential.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

CODE OF CONDUCT

1. I agree to treat other participants, leaders, staff and residents with respect and understand that all adult leaders have the authority to discipline me.
2. I will always follow the schedule and guidelines given to me.
3. I understand that alcohol, weapons, fireworks, tobacco products of any kind, illegal drugs and profane or abusive language are not allowed on any part of this activity. (Prescription drugs must be turned into and dispensed by an adult leader.)
4. I understand that I represent Holy Family Total Youth Ministry and agree to behave in a Christian and positive manner at all times.
5. Sexual indiscretion (includes inappropriate touching) is prohibited at all times and in all cases.
6. No youth participant is allowed to leave without an adult's permission and supervision at any time.
7. In the event of an emergency or other need to contact any participants, the staff must know where I can be located, therefore I agree to stay with my assigned group at all times.
8. By attending this function, all participants agree to stay until the function's conclusion, unless they have a medical emergency or other arrangements have been made.
9. I realize that my parents and I will be financially responsible for any damage I do to property, facilities, or vehicles.
10. I understand that if I choose to violate any part of this "code of conduct", I run the risk of having my parents notified by phone, or in person, that I may be sent home on the first available flight or bus, at my parent's expense. During a local activity, my parents will be asked to pick me up immediately. (This determination will be left to the discretion of the trip coordinator.)

***JASON DEUTERMAN: PLEASE ACCEPT THIS REGISTRATION TO PARTICIPATE IN THE ABOVE MENTIONED EVENT. I UNDERSTAND AND PROMISE TO COOPERATE WITH YOU, ANY CHAPERONES/LEADERS, AND THE GROUP. I FURTHER UNDERSTAND THAT I PROMISE NOT TO DO ANYTHING ILLEGAL, IMMORAL, OR INTOXICATING.

STUDENT SIGNATURE _____ DATE _____

Please use the back of this page for additional medical information you feel is important for us to know.