

Blessed Sacrament Catholic Church

Dear Parent,

I wanted to take this opportunity to invite your youth to a very exciting retreat. This year's Senior High Retreat is Your Body his Purpose. This event will be held at Camp Powderfork in Bald Knob, AR.

This year the Senior High Retreat will be led by Al & Erika Brodell. Al & Erika are a fun energetic couple. They have a desire to help teens stay pure and discover God's Purpose for their lives. Al and Erika have taught Theology of the Body for Teens to Juniors and Seniors in High School. They have 3 children of their own.

It's time to register your youth for this event. I have enclosed a registration form and a flyer for this event. It is due no later than Wednesday, September 9th, 2009. The cost for this event is \$10 per youth or chaperone. There is no cost for Confirmation Students year one and two. (This event is required for confirmation process.) No youth are ever turned away due to finances. Scholarships are available based on availability of funds.

I pray you take advantage of this wonderful opportunity to help your senior high youth grow closer to Christ and our Catholic Faith.

Brandon Weisenfels
Catholic Youth Minister
501-538-3371 or brandon_yz@yahoo.com

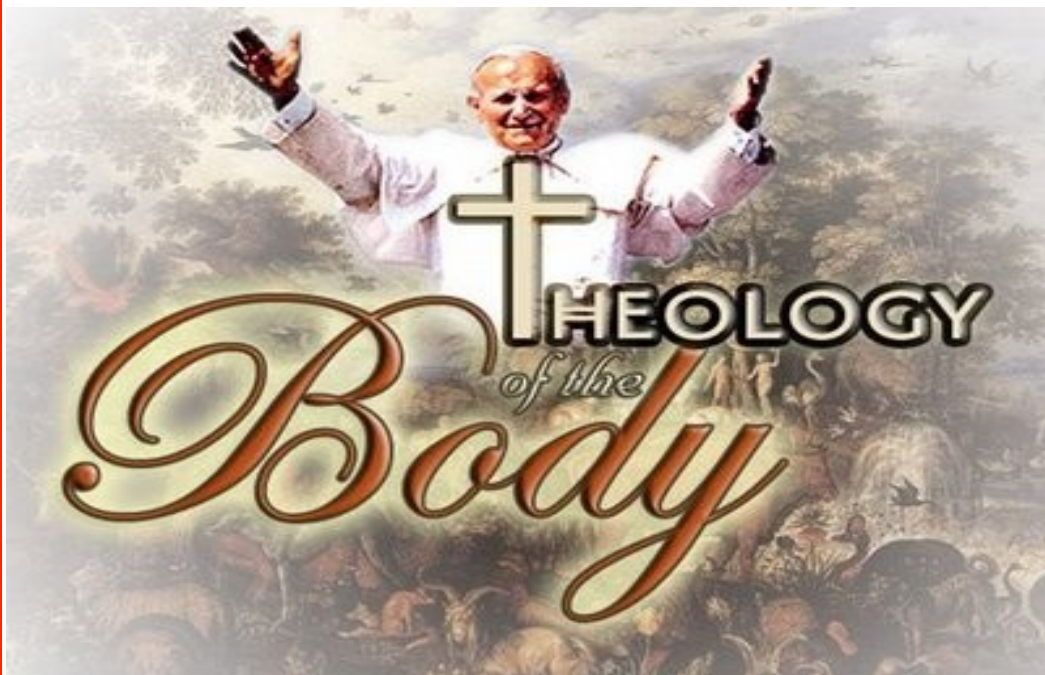
Saturday April 4

9:00am Registration
9:30am Warm Up's
10:00am Praise & Worship
10:30am Key-Note Al & Erika
11:00am Small Group Discussion
11:30am Small Group Activity
10:30am Witness Talk
11:00am Small Group Activity
12:00pm Lunch
12:30pm Witness Talk
1:00pm Small Group Activity
2:00pm Free Time
4:00pm Mass
5:00pm Dinner
6:00pm Warm Ups
6:30pm Key-Note Al & Erika (Boys / Girls)
7:15pm Break
7:30pm Adoration Prayer Service (Al & Erika)
9:00pm Free Time
11:00pm Lights Out

Sunday April 5

7:00am Wake Up
7:30am Breakfast
8:00am Warm Ups
8:30am Praise & Worship
9:00am Key-Note Al & Erika
10:00am Small Group Discussion
10:30am Clean Up Cabins
11:00am Final Closing
11:30am Lunch
12:00pm Leave Retreat

Your Body His Purpose



Key-Note Retreat Speaker:

Al & Erika Brodell

Date: Sept. 19-20, 2009

Time: Saturday at 9:00a.m. through Sunday at 12p.m.



Retreat will be held at Camp Powderfork in

Bald Knob, AR

For Information Contact:

Brandon Weisenfels

501-538-3371

brandon_yz@yahoo.com

This year's retreat is open to all youth in grades 9-12. Our key-note speakers are Al & Erika Brodell. Al & Erika will offer inspiration through Humor, Talks, & Much More. Cost of this year's retreat is \$10 for registered Blessed Sacrament Youth. Registration includes food, lodging, & retreat supplies. Registration deadline is September 9th.

This event is mandatory for year one and two Confirmation Students.

Highlights

- ◆ Music
- ◆ Eucharistic Adoration
- ◆ Key-Note Speakers
- ◆ Skits
- ◆ Small Groups
- ◆ Outdoor Activities
- ◆ Praise & Worship
- ◆ Gym Games
- ◆ Youth Mass
- ◆ Catholic Friends
- ◆ Ice Breakers
- ◆ Food
- ◆ Much, Much, More

Senior High Retreat Registration Form

Registration Deadline is September 9th

\$10 Registration Fee for Blessed Sacrament Youth Members No Charge for Confirmation Students

Name: _____ **Grade:** _____

Address: _____

City, State, Zip: _____

Phone: _____

Parish: _____

Special Needs: _____

Paid \$ _____ **Date:** _____ **Confirmation** _____

Blessed Sacrament Catholic Youth Ministry

PARENTAL/GUARDIAN CONSENT, LIABILITY WAIVER AND MEDICAL CONSENT

Participant's Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian's Name: _____ Home Phone(____) _____

Alternate Phone Number: (____) _____ Cell Phone Pager Work

CONSENT & LIABILITY WAIVER

Important! To be filled out by the Parent/Guardian for youth under 18 years of age. If participant is 18 years of age or older, consent must be signed by the individual.

I (name of parent/guardian) _____, grant permission

for my child, (participant's name) _____, to participate in (event) _____, to be held (date) _____, (time) _____ and (location) _____.

I agree on behalf of myself, my child's other parent if known, or living (name of parent) _____. My child named herein, or our heirs, successors, and assigns, to hold harmless and defend Blessed Sacrament Catholic Church (its pastor, youth minister, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless or negligent.

Signature (Parent/Guardian)

Date

MEDICAL CONSENT

Medical Matters

I hereby warrant 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 in accordance to your wishes:

Emergency Medical Treatment

In the event of any 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 any emergency and you are unable to reach me, contact:

Name & Relationship _____ Phone (____) _____

Family Doctor: _____ Phone (____) _____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

My child is taking the following medication at the present time:

Medication(s): _____ Dosage: _____

Administer: _____

_____ I hereby **DO NOT GRANT PERMISSION** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____ I hereby **GRANT PERMISSION** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. (Please initial)

MEDICAL CONDITIONS INFORMATION

(Diocesan personnel will take reasonable care to see that the following information will be held in confidence)

My son/daughter has: _____

Has had an episode of the following or has been diagnosed Seizures Asthma Diabetic

Allergic reactions to the following (foods, dyes, latex, etc.) _____

Has had medical surgery within the last six months? Yes No Still under Doctor's care? Yes No

Has a medically prescribed diet? _____

The following physical limitations? _____

Immunizations current and up to date: Yes No Date of last tetanus/diphtheria immunization _____

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

INSURANCE INFORMATION

(Please attach a copy of the Insurance Card, front and back, with this form)

Insurance Carrier: _____

Name of Insured: _____

Insurance ID Number: _____ Insurance Policy Number: _____

Father's Name: _____ Birth Date: _____

Place of Employment: _____

Mother's Name: _____ Birth Date: _____

Place of Employment: _____

No, I do not carry medical insurance at this time.

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself).

Signature (Parent/Guardian) Parent Guardian must sign for anyone under 18 years of age Date

Signature (Participant 18 years of age or older must sign own consent) Date

Blessed Sacrament Catholic Youth Ministry
Covenant of Conduct

At all activities, we expect you to represent Blessed Sacrament Catholic Church well! We hope that you will display the mature, responsible leadership and character, which has for so many years been the trademark of Catholic youth.

CODE OF BEHAVIOR:

1. Name badges must be worn at all times as required.
2. Dress code: casual no inappropriate t-shirts, tops/ dresses with spaghetti straps, halters, short shorts, or midriff tops. No underwear showing from jeans/pants being worn too low. If dressed inappropriately, the individual will be asked to change. No shorts for Mass.
3. Individuals are responsible for their own actions and will be asked to assume the natural consequences for any negative behavior. Each participant will take full responsibility for any damage or theft.
4. Participants may not leave the youth ministry event location unless accompanied by their parent/guardian or an adult from their parish.
5. The possession and/or use of alcohol, tobacco products, drugs, knives, and weapons are prohibited.
6. Christ-like behavior is promoted and expected at all times. Therefore, inappropriate contact, touch, gesture, language or activity of a sexual nature, which would offend any person, is unacceptable.
7. No girls in the guys dorm rooms, no guys in the girls dorm rooms.
8. Food or drinks must be kept in dining rooms or kitchen. No food is allowed in the dorm rooms.
9. No running or playing games (hide and seek, tag, etc.) in the hallways or stairwells.
10. Youth must respect Chapel as if it is their own church and Christ is present.

Participation Guidelines

1. I will respect others. I will listen while others are speaking.
2. I will stay on Task.
3. I will stay in my designated area.
4. I will participate in group discussions and/or activities.
5. I will stay focused on the material being covered during sessions.
6. I will perform the directions of the youth ministers and core team members.
7. I will keep my hands, feet, and materials to myself.
8. I will respect personal boundaries.
9. I will take turns and be courteous towards others.

Infractions of these rules will result in the Hot Springs Catholic Youth Ministry representative discussing the infraction with the participant and chaperone in charge. In the unlikely event that a behavior problem based on the above requires extreme action, it is likely to result in dismissal from the activity. One's parent/ guardian are responsible for removing participant from the event site.

I understand and accept this code of behavior.

(Participant's signature)

(Date)

I consent to the conditions stated above on participation in this event.

(Parent/Guardian's signature)

(Date)

Phone number (Day) _____ (Night) _____

Cell Phone Number: _____

Contact person if parent/guardian are unavailable

(Phone #)