



LIFE TEEN

CHRIST THE KING CATHOLIC CHURCH - HIGH SCHOOL MINISTRY

Christ the King Youth Ministry invites teens
9th—12th grade to step back from the stress and busyness of
their every day lives to join us for a Saturday Retreat filled with
games, friendship, prayer and Christ.



Sat. November 21, 2020

\$55.00 per person

(transportation not included)

**Pick up and drop off from Mary Help of Christians Center*

6400 E Chelsea St, Tampa, FL 33610

Contact us: youthministry@ctk-tampa.org ; 813-873-2804



DAY RETREAT

LIFE TEEN RETREAT Things to know

Sat. November 21, 2020

Drop Off: Mary Help of Christians Center @ 9:00 a.m.

Pick Up: Mary Help of Christians Center @ 6:00 p.m.

Things to Remember

- ♦ **Wear Comfortable, Casual clothing & Shoes**
(Expect to be inside and outside. Also expect activity including getting up and down from the ground and running in grass. Life Teen Dress Code Applies)
- ♦ **PLEASE bring a reusable Water Bottle**
(We will have coolers to stay hydrated but you will need a water bottle)
- ♦ **Wear Bug spray and sunscreen**
(We will be outside for portions of our day and our retreat center is in a wooded area)
- ♦ **It is just a day retreat**
(There is no real need for a bag, backpack, or purse. If you choose to bring one it will be your responsibility to keep up with it.)
- ♦ **Masks Required**
(Teens must bring and wear facemasks. See our website for COVID-19 policies)
- ♦ **Optional: Journal / Bible / Rosary / Other devotional materials/ camera**

What NOT to Bring:

MP3 Players, cell phones, secondary cellphones, tablets, alcohol, and anything else that would tempt you to be distracted or be considered inappropriate for a Christian Retreat.

It's going to be an awesome Saturday!

Our Retreat is being held at Mary Help of Christians Center


6400 E Chelsea St, Tampa, FL 33610

TRANSPORTATION IS NOT PROVIDED BY CHRIST THE KING

While teen's will not have their cellphones, parents can reach us

in case of emergency at Melissa Mulson's (Youth Minister) cell: (407) 463-8058

We have a strict  **NO CELLPHONE**

 at retreat policy. We ask that all cellphones and internet capable devices are left at home or turned in to a chaperone at the beginning of our trip to help keep everyone free from distraction and open to the Holy Spirit. 🙏 😊 Failure to follow this policy or the use of a "decoy phone" will result in the participant being sent home at their parents' expense. Thank you for your cooperation. ❤️

PARENTAL CONSENT FOR PARISH FIELD TRIP

INFORMATION ABOUT THE EVENT

EVENT: Life Teen Day Retreat COST: \$55.00
DATE(S): November 21, 2020 TIME: 9:00 a.m. - 6:00 p.m.
EVENT LOCATION: Mary Help of Christians Center PARISH: Christ the King Catholic Church

INFORMATION ABOUT MY YOUTH

Name of Youth: _____ Date of Birth _____
Home Address: _____
Name of Parent/Guardian: _____
Work Phone: _____ Home: _____
Emergency Number for above date: _____

CONSENT AND RELEASE

General: I hereby request and give my permission for my youth to participate in the above event. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my youth. I, individually and on behalf of my youth named above, do hereby release, covenant not to sue, and save harmless: The Bishop of the Diocese of St. Petersburg; the above Parish; and the employees, agents and volunteers for the event, from any and all claims for any and all harm arising to my youth as a result of their participation in this event.

Medical: I hereby request the Parish representative obtain medical treatment for my youth in the unlikely event of injury or illness during this event and I agree to pay any expenses incurred for such treatment. By signing this form I represent that an updated Annual Medical Release form for my youth is on file at the above-named Parish and that it is current and complete as to my youth's allergies, dietary requirements, medications and health conditions. If my youth is taking prescription or non-prescription medication(s) at the time of the above event, I here give consent to the location's medical staff and/or the Parish staff to administer this medication to my youth. I understand that it is my responsibility to send with my youth the appropriate quantity of clearly labeled medication showing dosage and frequency and to notify a chaperone about these issues in advance of the event. I understand that the Parish cannot be responsible for my failure to send the appropriate quantity of medication or for errors in the dosage and frequency due to any cause whatsoever. **ANY FIELD TRIP MAY INVOLVE EXPOSURE TO THE SUN. PLEASE ASSESS YOUR CHILD AND THE AMOUNT OF EXPOSURE AND TAKE APPROPRIATE PRECAUTIONS.**

Transportation: _____ YES NO I hereby grant my youth permission to ride in church sponsored transportation (if available) which will be via NONE (plane/car/etc) to and from the event. I understand that all diocesan transportation guidelines will be followed. I also understand that I can request a copy of these guidelines from the Diocesan Office of Insurance and Risk Management or from my local parish or related office.

YOUTH/STUDENTS MUST ACCOMPANY THE PARISH GROUP TO AND FROM THE FIELD TRIP IF TRANSPORTATION IS PROVIDED AND "YES" IS SELECTED ABOVE.

MOTHER'S SIGNATURE _____ DATE _____
FATHER'S SIGNATURE _____ DATE _____

BOTH SIGNATURES ARE REQUIRED EXCEPT IN SINGLE PARENT FAMILIES. IN THE CASE OF SINGLE PARENT FAMILIES - THE CUSTODIAL PARENT SIGNATURE IS REQUIRED.

Parish Name Christ the King
Parish Address 821 S Dale Mabry Hwy Tampa FL 33609
Parish Phone Number 813-876-5841

IN CASE OF AN ACCIDENT OR SERIOUS ILLNESS, THE ABOVE PARISH WILL CONTACT THE PARENT/GUARDIAN LISTED BELOW. IF THE PARISH IS UNABLE TO REACH THEM, OR ANY OTHER PERSON DESIGNATED, THEN I HEREBY AUTHORIZE THE CHURCH AND ITS REPRESENTATIVES TO CONTACT MY CHILD'S PHYSICIAN AND/OR MAKE ARRANGEMENTS FOR IMMEDIATE EMERGENCY TREATMENT. PAYMENT OR FEES FOR ALL MEDICAL SERVICES WILL BE THE RESPONSIBILITY OF THE PARENT/GUARDIAN. THIS MEDICAL RELEASE IS VALID FROM AUGUST 1, 2020 UNTIL JULY 31, 2021 AND FOR ALL EVENTS THROUGHOUT THE YEAR. I UNDERSTAND THAT IT IS THE PARENT'S RESPONSIBILITY TO UPDATE THIS FORM AS NECESSARY THROUGHOUT THE YEAR.

Youth/Participant's Name:
Parent or Legal Guardian's Name Phone(s)
Emergency contact information:
Family Physician's Name: Phone:
Insurance Co. Name Medical Insurance: ID number
Group Number Cardholder's Name

Health Information

List all medications taken daily and/or regularly:

Youth/participant's allergies, if any, including medication and food allergies:

Youth/participant's chronic medical problems (e.g. diabetes, epilepsy):

Youth/participant's other physical restrictions or dietary requirements (if any):

Date of Tetanus: Other medical:

Other medical treatment: In the event it comes to the attention of the Church representatives, volunteers or employees that my child has become ill with symptoms such as headaches, vomiting, sore throat, fever, diarrhea, I want to be called collect.

My child may be given: Tylenol (circle: yes / no); Ibuprofen (circle: yes / no); Throat lozenges (circle: yes / no); Benadryl (circle: yes / no).

Signature of Parent/Guardian Date

STATE OF FLORIDA, COUNTY OF

Sworn to and subscribed before me this day of , 20 who [] is personally known to me, or [] who produced the following as identification

(SEAL)

Signature of Notary Public

Typed or printed name

Commission No.

Parish Name Christ the King
Parish Address 821 S. Dale Mabry Hwy., Tampa, Florida, 33617
Parish Phone Number 813-876-5841

**ANNUAL PARENTAL PERMISSION/RELEASE
for Communication, Photos, and Medical**

Method of Communication Release:

During the year your teenager is a member of the parish youth ministry, we do try to keep them up-to-date with dates for meetings and/or changes in our calendar of events. With the implementation of the Safe Environment policies within the Diocese of St. Petersburg, we are now seeking your permission for these items.

___ **Yes, I give** _____ (my youth/participant) permission to communicate with the Parish Coordinator of Youth Ministry and/or youth ministry team leaders through the use of his/her:

(please check all that apply)

- Email address _____
- Facebook _____
- Instant Messaging _____
- Home phone _____
- Cell phone _____
- Text message _____
- Postal mail _____
- All of the above

I also give permission for the Parish Coordinator of Youth Ministry and/or youth ministry team leaders to use this contact information to communicate with him/her. We understand that any addresses received through the parish youth ministry will *only* be used for the parish youth ministry purposes

___ **No, I do not** give _____ (my youth/participant) permission to communicate with the Parish Coordinator of Youth Ministry and/or youth ministry team leaders through the use of his/her (please check all that apply)

- Email address
- Facebook
- Instant Messaging
- Text message
- Home phone
- Cell phone
- Postal mail

___ I, as parent/guardian, would also like to receive an email update of all dates for meetings and/or changes in the calendar of events. My email address is: _____

Publicity/Photo/Video Release:

From time to time, publicity releases for newspapers, television, website, bulletin and other media may be prepared about events occurring at the parish. These may or may not be accompanied by photos or videotape of students. The releases may be prepared by Christ the King Parish or media representative.

___ **Yes, I do** give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

___ **No, I do not** give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

(over)

Roman Catholic Diocese of St. Petersburg
PARENTAL/GUARDIAN COVID-19
CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone : _____ Business phone: _____

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and as a result, social distancing is recommended.

_____ Parish/School will follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 at its Parish/School activity (including but not limited to summer camp). However, even though such standards will be followed and reasonable measures put into place, Parish/School cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Parish/School activity could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by participating in the parish/school activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at _____ Parish/School may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Parish/School employees, volunteers, and program participants and their families.

Considering the foregoing, however, I, _____, grant permission for my child, _____, to participate in this parish activity that may require transportation to a location away from the parish site, notwithstanding the risks associated with the COVID-19 virus and group activities.

I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I further agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to release, indemnify, hold harmless, and defend _____ Parish/School and The Roman Catholic Church of the Diocese of St. Petersburg, their members, directors, officers, employees, agents and representatives ("indemnitees") associated with the event arising from or in connection with the negligent acts or omissions of the indemnitees' in relation to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE THAT I AM AGREEING TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE INDEMNITEES' FROM THEIR OWN NEGLIGENCE IN REGARD TO THE INDEMNITEES' NEGLIGENT ACTION AND/OR INACTION IN REGARD TO PROTECTION AGAINST THE COVID-19 VIRUS.

Signature: _____ Date: _____