



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 everyday lives to join us for a weekend of games, friendship, prayer and Christ.



FRI 9.20 - SUN. 9.23

\$55 per person

(Includes transportation, room, and board)

Retreat held at DaySpring Retreat Center in Parrish, Florida

**Pick up and drop off from CTK Youth Center*

Pre-Retreat Parent Meeting 9.29 at 6:30PM in the Youth Center
We ask that at least one parent (no teens) attends our parent meeting.

Contact us: YouthMinistry@CTK-Tampa.org or 813.873.2804



WEEKEND RETREAT

LIFE TEEN RETREAT PACK LIST

FRIDAY, SEPT 20 - SUNDAY, SEPT 21

Drop Off: Friday @ 4:00 pm

Pick Up: Sunday @ 3:00 pm

Drop off and pick up at CTK Youth Center

What to bring:

- **Toiletries & towel**
Toothbrush, toothpaste, shampoo, deodorant, etc.
- **Sleeping bag - OR - sheets, blanket & pillow**
Our retreat center has twin-sized bunk beds
- **Bug spray and sunscreen**
- **Modest, comfortable clothing and pajamas**
- **Swim wear for water games**
Gentlemen: trunks & shirt / Ladies: one-piece swim suit (or shirt to cover) & shorts
- **Optional: Journal / Bible / Rosary / other devotional materials / camera**

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.

What NOT to bring:

- *MP3 Players, 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 weekend!

CTK Youth Ministry will transport teens to and from DaySpring Retreat Center
8411 25th Street East • Parrish, Florida 34219

While teens will not have cellphones, parents can reach us in case of emergency:
Melissa Mulson, Youth Minister, 407.463.8058

.CHRIST THE KING
PARISH
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY

PARTICIPANT INFORMATION

Name of Youth: _____ DOB: _____

Parent/Guardian Name: _____

Home Address: _____

(A) Parent/Guardian emergency contact name and telephone numbers:

Name: _____

Home: _____ Work: _____ Cell: _____

(B) If "A" above is unavailable, alternate emergency telephone contact name and phone number:

Name: _____

Home: _____ Work: _____ Cell: _____

(C) Health Insurance Carrier: _____

Policy No.: _____ Group No.: _____

Nature of Event: I understand that the nature of this event sponsored by Christ the King Parish (hereafter "Parish") will be held at LifeTeen Retreat (the "location"). I have been given information, or have had the opportunity to request information, which more clearly describes the physical facility. The event will take place on September 20th - 22nd, 20 19, and will involve a transportation to the destination and the following activities: Retreat activities, talks, prayer experiences, swimming, ropes courses, hiking, Sacraments, team building, games,

I understand and assume the risks inherent with such an extended field trip, which may involve certain risks beyond the reasonable control of the Parish and the Diocese of St. Petersburg, and their respective representatives, volunteers and agents. Such risks may include but not be limited to accidents, emergencies, exposure to nature and the elements, and/or negligence of the Adult Chaperones and staff of the entity at the location of the event, the Parish and the Diocese of St. Petersburg disclaim any and all responsibility for any such risks.

I am also aware that all reasonable care and supervision will be exercised by the Adult Chaperons to provide for the general well-being of my youth. However, I understand that there will be times when my youth is not directly supervised and it is impossible for the Adult Chaperons to supervise my youth every minute of every day while attending this event. I acknowledge placing my trust in my youth to adhere to proper standards of conduct and to follow the rules of the Group Leaders and Adult Chaperons, especially when not being directly supervised. I understand and assume the risks described above and those inherent with such an extended field trip. In consideration for the benefits my youth will receive in attending this event, I, individually and on behalf of my youth, do hereby **RELEASE, DISCHARGE AND COVENANT NOT TO SUE** the Bishop of the Diocese of St. Petersburg, the Parish and all parishes within the Diocese, all employees, agents and volunteers for this event, and agree to hold them harmless from any and all claims whatsoever arising from the conduct of any person(s) which result in any injury or loss to my youth, or myself.

MEDICAL PERMISSIONS FOR YOUTH: If on the day of travel to the location, my child should have any symptoms of headache, vomiting, sore throat, cold, fever, flu, diarrhea, onset of any contagious illness, or should otherwise not attend the conference for health reasons, I agree that I will not permit my child to travel to the location. Before leaving the Parish, or during travel to or attendance at the location, in

THIS FORM CONTINUES ON THE REVERSE SIDE - OVER

the event it comes to the attention of the Parish that my child shows up with any illness or there is an accident or emergency, I agree that in the sole discretion of the Parish, my child may be sent home immediately without any liability to the Parish or the Diocese of St. Petersburg.

I have given consent for emergency medical treatment that may be necessary at the time of registration. I hereby ratify and incorporate that consent by signing below. Further, my youth is in good health and I am not aware of any medical conditions that would impair or prevent my youth from attending this extended field trip.

PERMISSION FOR OTHER MEDICAL MATTERS: In the following, check **ONLY** those that apply to your child:

____ YES, if upon leaving home I know my child is to be taking prescription or non-prescription medication at the time of this event, I give permission to the location's medical staff or Parish staff to administer the medication to my child; provided, however, that it is my responsibility to send with my child the appropriate quantity of clearly labeled medication showing dosage and frequency and to speak to a chaperone about this in advance. 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.

____ YES, in the event it comes to the attention of the Parish that my child complains of illness, I grant permission for nonprescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child by the location's personnel or Parish personnel.

CODE OF BEHAVIOR: I agree to instruct my child to abide by all rules and regulations including the Parish Handbook, that are imposed for this extended field trip, that are sometimes referred to as a Code of Behavior ("the Code"). I understand that if I have not previously seen the Code, it is my duty to seek a copy of the Code and to review it and to explain it to my child prior to signing this waiver. I agree that if my child fails to abide in any way by the Code, that my child can be dismissed from the location and sent home immediately at my expense for the immediate transportation home with no right of reimbursement or refund for any amount in connection with such transportation from the Parish.

I fully understand the consequences of the foregoing statements and sign this Consent Form and Liability Waiver knowingly, freely and willingly. (Your signature must appear below or your youth will not be permitted to attend the event).

Parent/Guardian Signature Date

Youth: As a participant at this event, I understand and agree to conform to all of the rules and regulations outlined in the meetings, classroom and other materials I have received, which also include the Parish Handbook and may be collectively referred to as "The Code". I understand that my failure to follow the Code will result in my dismissal from the event and that I will be sent home at my own or my parent/guardian's expense. (Youth's signature must appear below or the youth will not be permitted to attend the event).

Youth Signature Date

STATE OF FLORIDA
COUNTY OF _____

The foregoing Waiver was duly sworn and acknowledged before me this _____ day of _____, 20____, by the persons named hereinabove.

NOTARY PUBLIC

Name: _____

My Commission expires: _____

Revised: Jan/2002

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 MAY 1, 2019 UNTIL MAY 1, 2020 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)

DON'T FORGET THE COPY OF YOUR CHILD'S INSURANCE CARD!

**This can be scanned and emailed or brought into our office
which will be happy to make a copy for you.**

Youth Ministry Dress Code

Youth Ministry is a safe, fun and *active* space: and it is important to dress accordingly. Our young people must dress in a way that respects the Church, themselves, and will allow them to fully enjoy the activities we have to offer, which often include moving around and sitting on the floor. Please take a moment to review our dress code to ensure that your child is prepared:

1. Shorts and skirts must be finger-tip length or longer at all times (no "short-shorts").
2. T-Shirts must NOT be longer than shorts as to appear as if not wearing shorts at all (no "lamp-shading").
3. No plunging neck lines, cut-outs, exposed mid-drifts, or visible undergarments will be allowed.
4. Clothing may not present hateful, offensive, rude, or age-inappropriate content as determined by the Life Teen Core Team.

When water games are expected females may wear a swim suit with a t-shirt and shorts over top and males may wear swim trunks (that meet the finger-tip rule) with a t-shirt. All teens are expected to wear shoes to protect their feet while running and will not be allowed to participate barefoot.

I, _____ acknowledge that Christ the King Life Teen's Retreat Policy states that teens should not have a cell phone or any other internet capable device for the duration of the trip. I understand this policy and agree that my child, _____, will be in compliance with this policy throughout their trip with Christ the King Parish.

I understand and agree that if I choose to send my child with a cell phone/internet capable device(s) that my child will turn all internet capable devices (including cellphones) in to Christ the King chaperones who will retain said devices for the duration of the trip.

I acknowledge and agree that my child may be reached by contacting retreat chaperones or the retreat center itself and that I have been given contact information for these parties.

I also acknowledge and agree that my child may ask to contact their parent(s) at any time during the retreat and will be given access to do so.

Finally, I acknowledge and agree that if my child chooses to violate this policy that a legal guardian will be responsible for coming to pick up my child from the retreat center early and I will not be entitled to any kind of refund.

Parent Signature

