



High School Youth Ministry FALL RETREAT 2022



At Our Lady of the Fields Catholic Camp!!

Where? Meet at Our Lady of the Fields Catholic Camp - 1391 Kellogg Rd, Brighton, MI 48114

When? Friday, Nov 11th: 6:30 pm – Sunday, Nov. 13th: 12:00 pm

PLEASE RETURN YOUR PERM. SLIP And \$75.00 check
(Made out to St. Malachy Catholic Church) ON OR BEFORE
October 24th!

If cost is an issue PLEASE come talk to a youth minister and we can work something out!

WHAT TO BRING:

(CHECK THIS LIST OVER CAREFULLY and BRING EVERYTHING!!!)

- ✓ A SLEEPING BAG plus **EXTRA BLANKETS!**
- ✓ A PILLOW
- ✓ WARM CLOTHES (bring EXTRA clothes!)
- ✓ HAT & GLOVES
- ✓ SNOW BOOTS IF THE WEATHER CALLS FOR SNOW!
- ✓ WARM COAT
- ✓ RAIN PONCHO
- ✓ SENSIBLE, WARM SLEEP CLOTHES (SWEATS WORK WELL)
- ✓ EXTRA SHOES and SOCKS
- ✓ JOURNAL AND PEN
- ✓ TOILETRIES and TOWEL
- ✓ SUNSCREEN & BUG SPRAY
- ✓ REFILLABLE WATER BOTTLE
- ✓ ANY MEDICATIONS WILL NEED TO BE TURNED IN AND DISPENSED BY YOUTH MINISTERS
- ✓ A LG. BAG OF MUNCHIES, or other snack food

✓ **A CURRENT PHOTO OF YOURSELF!!** (DON'T FORGET THIS!)

*Please Note: **DUE: ON OR BEFORE: OCTOBER 24TH!***

PARENTS: Please call ASAP and let me know if you can donate any of the following:

- *A case of water (need 3)*
- *Snacks such as chips, apples, grapes, popcorn, etc.*

Questions? Contact Youth Minister Lauren Corbat at lcobat@stmalachychurch.org or 586-604-4435

Date

MEDICAL TREATMENT RELEASE FORM 2022-2023

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you _____

Reason for which release is intended: _____

Address of Minor: _____ City: _____

Emergency Phone(s): _____ Emergency Contact Person: _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____

Signed: _____
(Parent or Guardian)

PSI/MedRel/05-94
HAPS-March 2004

In the event that medication needs to be dispensed, the *Release for Dispensing of Medication* form on the back needs to be completed.

OVER
(If applicable)

RELEASE FOR DISPENSING OF MEDICATION

We, the undersigned parent and/or guardian of:

_____ Born ____/____/____
(Student's Name) (Grade/Room #) Mo Day Yr

do hereby sign and execute this release on behalf of us and on behalf of our minor son/daughter/ward.

NAME OF MEDICATION: _____

DOSE: _____

TIME TO BE GIVEN: _____

DURATION: _____

ATTACH DOCTOR'S NOTE REGARDING EMERGENCY CARE PLAN AND ADMINISTRATION OF MEDICATION.

Check here, if this release is for a metered dose asthma inhaler, insulin pump or epinephrine auto-injector, which the student will possess and use at his/her own discretion in school or at school activities. The physician and parents/guardian signature below apply to the inhaler, insulin pump or epinephrine auto-injector possession and use by students as permitted in Public Act 10 – Revised School Code.

(Doctor's Signature) (Please Print Name) (Date)

()
(Phone Number)

We hereby waive any liability whatever to the school or the Archdiocese of Detroit or any of its personnel, that might occur as the result of giving said medication in the indicated dosage at the time requested to our minor son/daughter/ward.

PARENT/GUARDIAN _____
(Signature)

(Print Name)

DATE _____

OVER

**OUR LADY OF THE FIELDS CAMP AND RETREAT CENTER MINOR PARTICIPANT
AGREEMENT FORM**

MINORS

(One child per form, please.)

LEGAL NAME OF CHILD:

LEGAL ADDRESS OF CHILD:

NAME OF PARENT/GUARDIAN SIGNING THIS FORM (please print):

With my signature below, I give my consent for my child, whom I identify in the above section, to participate in any and all activities and events at Our Lady of the Fields Summer Camp and Retreat Center, which is owned and operated by the St. Thomas Chaldean Catholic Diocese of West Bloomfield Township, Michigan.

I agree that in order for my child to participate in any and all activities and events, I must read and voluntarily agree to the following terms and conditions of this agreement on my child's behalf.

I willingly give my consent for my child to participate in any and all activities and events at Our Lady of the Fields Camp and Retreat Center. I assert that my consent for my child's participation is entirely voluntary.

Acting on my child's behalf, I expressly acknowledge and agree that there are risks, both inherent and unforeseeable, attached to all of the activities that my child may participate in, including but not limited to waterfront activities and the high and low ropes course programs. These activities and events may cause sickness, minor injury, serious injury, or even death. I also expressly acknowledge and agree that, even with safeguards in place, Our Lady of the Fields Camp and Retreat Center cannot guarantee that my child will not incur any sickness, minor injury, serious injury or even death.

PUBLICITY WAIVER

I give permission to Our Lady of the Fields Camp and Retreat Center to photograph and/or audio or video record my child. They may use these photographs and/or recordings for educational, professional, and publicity purposes for Our Lady of the Fields Camp and Retreat Center and its Community Partners.

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

In order to consent for my child to participate in any and all activities and events, I expressly agree, on my child's behalf, to assume all risks. Furthermore, on my child's behalf, I expressly waive, release, discharge and hold harmless Our Lady of the Fields Camp and Retreat Center, The Chaldean Catholic Church of the United States of America, its directors, officers, agents, employees, assigns, and any volunteers (altogether referred to as "Camp Parties"), from and against all liability for loss or damage of property or money, any

sickness, injury (minor or serious) or death that my child may incur, or any claim of any kind, however caused, resulting from or related in any way to my participation in any and all activities and events at Our Lady of the Fields Camp and Retreat Center.

INDEMNIFICATION

I expressly agree to indemnify and hold harmless Our Lady of the Fields Camp and Retreat Center and all the Camp Parties from any liability to my child or any third party, resulting from or in any way relating to my child's participation in any and all activities and events.

AGREEMENT NOT TO SUE

I expressly agree not to sue Our Lady of the Fields Camp and Retreat Center and all the Camp Parties for any claim, present or future, that I may have on my child's behalf, that may result from or in any way be connected to, my child's participation in any and all activities and events.

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LEGAL NAME OF CHILD:

LEGAL ADDRESS OF

CHILD: _____

NAME OF PARENT/GUARDIAN SIGNING THIS FORM (please print): _____

COVID-19

By signing this agreement form, I acknowledging that there is an inherent risk of exposure to COVID-19 in any public place where people are present. By attending Our Lady of the Fields Camp and Retreat Center, I voluntarily assume, on my child's behalf, all risks related to exposure to COVID-19 and agree not to hold Our Lady of the Fields Camp and Retreat Center; or any of their affiliates, directors, officers, employees, agents, contractors, or volunteers liable for any illness or injury.

SEVERABILITY

I expressly agree that the above-mentioned Assumption of Risk, Waiver of Liability and Agreement Not to Sue are intended to be as general and wide-ranging as is allowed by the laws of the State of Michigan. If any provision of this agreement or any part of any provision of this agreement is held invalid, illegal or unenforceable under Michigan law, the remaining parts and/or provisions shall not be affected or impaired in any way. I understand the terms and conditions of this agreement.

I acknowledge and agree that this agreement is binding upon my heirs and assigns. I expressly and voluntarily agree to all terms and conditions contained in this agreement. By signing below, I verify that I have thoroughly read all the contents of this agreement and hereby agree to all of the terms and conditions stated above.

SIGNATURE OF PARENT/GUARDIAN SIGNING THIS FORM:

DATE: _____

7.8.20