



Dear Confirmation Year One Parents and Guardians,

September 11, 2011

The Year One Confirmation retreat is coming up quickly! This retreat is a mandatory component of the Confirmation process and one you don't want to miss.

The theme of this retreat for confirmation year one students is "You Are Called!" in which we will be reflecting on our commitment to make Christ the Lord of our lives. The purpose of this retreat is to help build community and for the teens and team members to share their faith experiences in a beautiful setting. This exceptional weekend will include great talks, reflection time, engaging discussions, really messy games, powerful worship, food & fun.

Attached are the two waivers necessary for registration. Please read the following information and return the waivers to the Parish Office by October 3rd. Note there is important transportation information on the last page of the waiver.

Included in this letter is critical retreat information, emergency contact numbers, and a packing list. If you have any questions or concerns regarding the retreat please call or email me.

Retreat Information

DATE: Friday, November 4th - Sunday November 6th

Depart: Church parking lot Friday, November 4th at 3:45pm

Return: Sunday, November 6th at 12:30pm

Location: Whispering Winds, Julian

Transportation: Round trip charter bus \$15

Sincerely,

Liesl Ott
Director of Youth Ministry
858-653-3591
Cell: 858-437-4070
liesl@stgg.org



Transportation:

Please arrive at St. Gregory's parking lot at 3:45pm on Friday November 4th. Anyone arriving after the buses depart will be responsible for driving his or her student to the camp grounds.

Students will return to St. Greg's parking lot on Sunday November 6th at 12:30pm.

Emergency Contact Information:

Whispering Winds Address:

17606 Harrison Park Rd, Julian, CA 92036

W. Winds Phone: 619-464-1479

Liesl Emergency Contact #: 858-437-4070

Packing List:

Please label your bag and sleeping bag with your name. Also, in order to make luggage loading and unloading easier we ask you attach your bag to your sleeping bag or pack it all into a big duffel. Please be sure to bring the following:

- Bible
- Journal
- Sleeping Bag
- Pillow
- Towel and washcloth
- Soap, toiletries
- Comfy warm Clothes
- Warm Jacket
- Camera
- Flashlight
- Athletic Clothes if you plan on playing sports during free time
- Refillable Water Bottle
- Money for the Camp Store
- Sturdy Shoes for rugged terrain

Do not Bring: I-pods/ any Technology or Electronics
Cell Phones

*** Please Contact Liesl with any questions or concerns ***

YEAR ONE RETREAT PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

PARTICIPANT'S NAME: _____

BIRTH DATE: _____ SEX: _____

PARENT/GUARDIAN'S NAME: _____

HOME ADDRESS: _____

HOME PHONE: () _____ BUSINESS PHONE: () _____

E-MAIL: _____ CELL PHONE: () _____

I, (name of parent or guardian) _____, grant permission for my child (name of child) _____, to participate this parish youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees from (name of parish) Catholic Diocese of San Diego, Office for Youth and Young Adult Ministry. A brief description of the activity follows:

Type of event or activity: 1nd Year Confirmation Retreat

Destination of event or activity: Wispering Winds Camp, Julian

Individual in charge of and responsible: Liesl Ott

Estimated time of departure and return: Friday, November 4th at 4pm to Sunday, November 6th at 12:30pm

Mode of transportation to and from event: Bus (\$15 fee)

As parent, and/or legal guardian, I remain legally responsible for any personal actions taken by the above named young person ("participant").

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 (name of parish) Office for Youth and Young Adult Ministry, its officers, directors and agents, and the Diocese of San Diego, chaperons, or representatives associated with the event with respect to any and all actions, claims or demands that may be made or brought against the parish, its officers, directors and agents, and the Diocese of San Diego, chaperons, or representatives associated with the event, arising from or in connection with my child's attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of San Diego, chaperons, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature _____ Date _____

MEDICAL MATTERS: I hereby warrant that 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 with your wishes:**

EMERGENCY MEDICAL TREATMENT: In the event of an 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 an emergency, if you are unable to reach me at the above numbers, contact:

NAME & RELATIONSHIP: _____

PHONE: () _____

FAMILY DOCTOR: _____ PHONE: () _____

FAMILY HEALTH PLAN CARRIER: _____

POLICY NUMBER: _____

1.) Signature _____ **Date** _____

OTHER MEDICAL TREATMENT: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of San Diego, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charged reversed to myself).

2.) Signature _____ Date _____

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

3.) Signature _____ Date _____

No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

4.) Signature _____ Date _____

(OR) I hereby grant permission for nonprescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

5.) Signature _____ Date _____

SPECIFIC MEDICAL INFORMATION

The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.) _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

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

TRANSPORTATION INFORMATION

___ My child will be riding the bus to and from Camp (Please attach \$15 to this waiver. Checks can be made out to St. Gregory the Great)

___ I will be dropping off and picking up my student from the Camp.

MOVIE PERMISSION: I grant permission for my child to watch "To Save a Life" which is rated PG13. More information on the movie can be found at www.tosavealifemovie.com

Signature: _____

ROOMMATE REQUEST: 1. _____ 2. _____ 3. _____



WHISPERING WINDS WAIVER AND GENERAL RELEASE

Whispering Winds Catholic Conference Center, Inc. ("WW") is a non-profit corporation that owns and operates the Whispering Winds Camp, 17606 Harrison Park Road, Julian, California 92036. In order to keep our operating costs reasonable, we ask all visitors, guests, volunteers and users of the camp, and the parents of all minor camp users, to sign this Waiver And General Release ("Agreement"). By signing this Agreement, you are waiving and generally releasing all present and future claims against WW, except for claims arising out of the gross negligence or intentional misconduct of WW.

1. Definitions.

a. Associated Persons and Associated Entities. "Associated Persons and Associated Entities" means: (i) Associated Persons: present and former officers, directors, shareholders, partners, members, employees, agents, volunteers, accountants, attorneys, insurance carriers, trustees, beneficiaries, executors, administrators, heirs, predecessors-in-interest and successors-in-interest; and (ii) Associated Entities: related or affiliated entities, contractors, subcontractors, material suppliers and design professionals.

b. Claims. "Claims" shall include all claims, rights, demands, damages, liabilities, and causes of action (whether asserted, unasserted, known, unknown, contingent, accrued, or otherwise).

c. Costs. "Costs" shall include all costs, losses, expenses, attorneys' fees, expert witness fees and other fees, interest, and all other obligations.

2. Waivers and General Release. On behalf of myself and my Associated Persons and Associated Entities, I (i) waive all present and future Claims and Costs, and (ii) fully and forever release WW and its Associated Persons and Associated Entities from all present and future Claims and Costs, arising out of or related in any way to my presence on or use of the WW camp, or participation in programs, excepting only such Claims and Costs arising solely and exclusively from WW's gross negligence, or knowing and intentional unlawful conduct.

3. Waiver of Civil Code Section 1542. I acknowledge that the above Waiver and General Release includes Claims and Costs which I do not know or suspect to exist, and I waive all rights which may exist under California Civil Code Section 1542 which provides as follows:

A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.

4. Photo Release. I grant WW permission to use my name, likeness, photograph, and voice for all purposes, and without compensation to me.

Participant

Signature: _____ **Date:** _____ **Tel:** _____

Print Name: _____ **Address:** _____

If under 18

Signature of Parent or Legal Guardian: _____

Print Name: _____ **Date:** _____

Authorization: *My child has my permission to engage in all camp activities except as noted. I give permission to the medical personnel selected by WW to order X-rays, routine tests, and treatment; to release records necessary for insurance purposes; and to arrange necessary transportation for my child if I cannot be reached in an emergency. I give permission to the physician selected by WW to administer treatment, including hospitalization. This form may be photocopied and the photocopy may be used for all purposes. I accept full responsibility for any injury my child might receive as a result of camp activities. I will provide my own health and accident insurance.*