

# **SERVANT LEADERSHIP TEAM RETREAT PERMISSION SLIP 2018**

October 3<sup>rd</sup>, 2018

Dear Servant Leadership Team Members, Parents and Guardians,

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 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, games, powerful worship, food & fun.

Attached are the **3 paper forms** necessary for registration:

- 1. STGG Parent Consent Waiver (paper form)**
- 2. Retreat Behavior Form (paper form)**
- 3. Whispering Winds General Release Form (online)**

Please read the following information and **return the waivers by Sunday Oct 28<sup>th</sup>**. 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. **Please understand that due to safety concerns, teens must attend the retreat the entire weekend. We cannot allow leaving and returning in the middle of the retreat.**

## **Retreat Information**

**DATE**, November 9-11<sup>th</sup>, 2018

**Departure:** Friday November 9<sup>th</sup> \*Servant leaders may be driven to camp by vetted, parent drivers as early as 2:30PM and no later than 4:30PM. (please let me know if you need to make arrangements about coming later Fri. evening ONLY)

**Return:** Sunday, November 11<sup>th</sup> around 1:00pm.

**Location:** Whispering Winds 17606 Harrison Park Rd, Julian, CA 92036

**Transportation:** Parent carpools OR bus

Sincerely,  
Suzanne Guzzardo  
Coordinator of Youth Ministry  
858-653-3591  
[sguzzardo@stgg.org](mailto:sguzzardo@stgg.org)

## **Emergency Contact Information:**

Whispering Winds Address:

17606 Harrison Park Rd, Julian, CA 92036

(760) 765-1600

Emergency Contact Suzanne Guzzardo's Cell phone #: 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 **ALL of the following:**

Bible

Sleeping Bag

Pillow

Towel and washcloth

Soap, toiletries

Comfy warm Clothes

Warm Jacket

Flashlight – Reminder no phones. We will use flashlights numerous times during the retreat.

Athletic Clothes if you plan on playing sports during free time

Refillable Water Bottle

Money for the Camp Store

Sturdy Shoes

**Any items necessary for your retreat team i.e. skit costumes, environment décor etc.**

\*\*\* Please Contact Suzanne with any questions or concerns

Please keep pages 1-2 and submit pages 3-5 no later than October 28th

**DUE BY SUNDAY, OCTOBER, 28<sup>th</sup> 2018**

**STGG PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER**

**FOR:**

**Year 1 Confirmation Retreat (Servant Leadership Team)**

PARTICIPANT'S NAME: \_\_\_\_\_

T-shirt Size \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

SEX: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_

TEEN CELL PHONE: (\_\_\_\_) \_\_\_\_\_

PARENT E-MAIL: \_\_\_\_\_

PARENT CELL PHONE: (\_\_\_\_) \_\_\_\_\_

I, (name of parent or guardian) \_\_\_\_\_, grant permission for my child (name of child \_\_\_\_\_) to participate in 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:** \_\_\_\_\_ Year One Confirmation Retreat

**Destination of event or activity:** \_\_\_\_\_ Whispering Winds Camp, Julian

**Individual in charge of and responsible:** \_\_\_\_\_ Suzanne Guzzardo Coordinator of Youth Ministry

**Estimated time of departure and return:** Departure: Friday, Nov. 9th SLT leave no earlier than 2:30 from St. Gregory the Great parking lot, or take the bus at 4:30pm Return: Sunday, November 11<sup>th</sup> around 1pm

**Mode of transportation to and from event:** \_\_\_\_\_ Vetted Parent carpools and Bus

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 \_\_\_\_\_

**PERMISSION SLIP CHECK-OFF LIST**

- 1. STGG Parent Consent Waiver
- 2. Retreat Behavior Form
- 3. Online Whispering Winds General Release Form

**WHERE TO SUBMIT FORMS:**

- 1) Drop-Ins, **or** the brown mailbox at the Youth Room.
- 2) Parish Office hours Mon-Fri 8:30AM-4:30PM, closed for lunch Noon-1PM
- 3) Before/After Sunday 5PM Youth Mass

**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.

**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: \_\_\_\_\_

**\*Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:**

**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).

1.) 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:

\_\_\_\_\_

2.) 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.

3.) 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.

4.) 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.) \_\_\_\_\_

Special diet (Vegan, Vegetarian, gluten free, dairy free etc. The camp requires we notify them of any special diets 2 weeks in advance of the retreat. Late Special diet notification will be \$25 per student) \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

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 conditions of my child:** \_\_\_\_\_

# STGG Servant Leadership Team Promises Form

Dear Servant Leaders,

Please read the guidelines below for our retreat weekend and sign at the bottom. Return this completed form to the youth office no later than Sunday, October 28th. Failure to abide by these guidelines will result in a parent being called to pick you up at the camp.

Remember the first reason why you are here—to serve others!

You were chosen to attend this retreat BECAUSE OF YOUR LEADERSHIP SKILLS!

Please respect yourself, others and the camp facilities:

No vandalism or pranks.

**No sneaking out of cabins after lights out!**

No smoking, alcohol or drugs (unless prescribed and noted on medical release form)

No guys in girls' cabins or girls in guys' cabins

Please wear clothes that fit WITHIN OUR MODEST DRESS CODE!!! (PLEASE SEE ME IF YOU NEED ANOTHER COPY OF THE DRESS CODE)

Behave appropriately with one another

No Profanity AND No weapons

No Electronic Devices (cell phones, music players, etc.)

## Youth

Your Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Parent

I have read the above guidelines and agree to pick my teen up if he or she violates one of the guidelines and I am called by a member of the retreat team and asked to do so.

Signature: \_\_\_\_\_



**WHISPERING WINDS & THE DIOCESE OF SAN DIEGO  
WAIVER & 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 & General Release ("Agreement"). By signing this Agreement, you are waiving and generally releasing all present and future claims against WW and the Diocese of San Diego, except for claims arising out of the gross negligence or intentional misconduct of WW or the Diocese of San Diego.

**1. Definitions:**

- a. "Associated Persons" means 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. "Associated Entities" means affiliated entities, contractors, subcontractors, material suppliers, and professionals (collectively "AP&AE").
- b. "Claims" shall include all claims, rights, demands, damages, liabilities, and causes of action (whether asserted, unasserted, known, unknown, contingent, accrued, or otherwise).
- c. "Costs" shall include all costs, losses, expenses, attorneys' fees, expert witness fees and other fees, interest, and all other obligations.

**2. Waiver and General Release:**

On behalf of myself and my AP&AE, (i) I waive all present and future Claims and Costs against WW and its AP&AE, and the Diocese of San Diego and its AP&AE, (ii) I generally release WW and its AP&AE and the Diocese of San Diego and its AP&AE, 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 or the Diocese of San Diego'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 and the Diocese of San Diego permission to use my name, likeness, photograph, and voice for all purposes, and without compensation to me.

**Participant**

Participant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_ Tel: \_\_\_\_\_

Email address of adult: \_\_\_\_\_

Signature of Parent or Legal Guardian (If Participant is under 18): \_\_\_\_\_

Print Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_ Tel: \_\_\_\_\_

(One release per adult; for minors in one family, please list)

Minor Name: \_\_\_\_\_ Minor Name: \_\_\_\_\_

**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.*

