

Holy Infant TYM Fall Retreat

November 19-21, 2010



The Holy Infant TYM Fall retreat is a great opportunity for youth in grades 9-12 to come together to build stronger friendships, express yourself and your faith through skits, music, challenging discussions, and joyfully explore the many aspects of Jesus. Pizza will be provided Friday evening at Holy Infant around 5:30 p.m. We'll leave around 6:15p.m. We'll return to Holy Infant around 1:30pm on Sunday.



Where: Camp Chestnut Ridge, Efland, NC



What to bring: Sleeping bag, pillow, comfortable clothes, towel, toiletries, musical instruments. Also girls bring a snack item to share (chips, cookies, fruit, etc.); guys bring some juice or a 2-liter bottle of juice or soda.

Return registration form and check to the Holy Infant parish center by **Monday Oct. 11, 2010**. **Cost:** \$100; Checks payable to ***Holy Infant Catholic Church***.

Questions? Contact Joanie Novak (493-1774)

EMAIL: JoanNovak@nc.rr.com

Emergency contact at Camp Chestnut Ridge: 919-304-3900

Dear Parent or Legal Guardian:

Your son/daughter/guardianship is eligible to participate in an overnight parish activity at a location away from the parish site. This activity will take place under the guidance of adults from Holy Infant Catholic Church. A brief description follows:

Activity: Holy Infant TYM Fall Retreat
Location: Camp Chestnut Ridge, Efland, NC
Start Date/Time: Friday, November 19 at 5:30 p.m.
End Date/Time: Sunday, November 21 ~1:30p.m.
Method of Transportation: Cars driven by Youth Ministers and/or adults in the parish.

If your child may participate in this event, please complete, sign, and return the following statement of consent and release of liability. As a parent or legal guardian, you remain fully responsible for any liability which may result from personal actions taken by your son/daughter. **If your youth brings or uses drugs, alcohol, weapons, or tobacco products or engages in reckless or violent behavior, you will be expected to retrieve your son/daughter from the event.**

I hereby consent to participation by my child, _____, in the event described. I further consent to the conditions stated above on participation in this event, including the method of transportation.

I release the Diocese of Raleigh, Holy Infant Catholic Church, and their agents and volunteers from any injuries which may be incurred by my youth.

I give permission for my child, in the event of an emergency, to be taken to a physician or hospital by either an adult youth leader or diocesan or parish personnel. I understand that every effort will be made to contact me. *If I cannot be reached*, however, I hereby give permission to the physician selected by the adult in charge to hospitalize and secure proper treatment, including surgery, for my son or daughter.

Parent/Guardian Signature _____ Date _____

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* Return completed form and check to the parish center by Monday October 11, 2010.

Parents – if you are able to drive to and/or pick up from Camp Chestnut Ridge (~25 minutes from Holy Infant), please indicate below:

_____ **Yes, I can drive to retreat on Fri. Nov. 19 (~6:15pm). I can take _____ passengers.**

_____ **Yes, I can pick-up at Camp Chestnut Ridge retreat on Sun. Nov. 21 (12:45 pm).
I can take _____ passengers.**

Complete only if changes have occurred since your revised 2010-2011 medical release form was submitted.

Participant's Full Name _____

Address _____ Zip _____

Social Security number _____

Medical insurance _____ Policy Number _____

Parent(s)' Name(s) _____

Home Phone Number _____ Cell Phone or Other Number _____

Emergency Contact other than parent _____ Phone _____

Allergies, or medical/physical/dietary restrictions/requirements _____

Medications currently taking (including over the counter) _____