

2010 YOUTH GROUP RETREAT

The 2010 Generation Chi-Rhos Youth Group retreat is quickly approaching. The retreat this year will again be at Solsberry Hill in Bloomington Indiana from Friday, March 26 through Sunday, March 28. We will be gathering at Emmanuel at **4:30 pm** on Friday afternoon to leave by no later than **5:30**. We will be returning on Sunday at around **5:00 pm**. Please eat dinner or bring a sack dinner for Friday evening. We will be attending mass in Bloomington on Sunday morning. Cost for retreat this year is \$65. Please return the attached permission slip by Wednesday, March 17 or sooner with the retreat fee. There is a great deal of planning and coordination involved in getting ready for the retreat, and the sooner we have a firm number of participants, the easier it is for the leadership.

Included below is critical information on what to bring, what not to bring, and emergency contact information.

What to bring: Each youth will only be allowed one duffle bag and one sleeping bag.

- ◆ Clothes appropriate for outdoor play
- ◆ Church clothes
- ◆ A sleeping bag and pillow
- ◆ Toiletries
- ◆ A washcloth and towel
- ◆ An umbrella or other rain gear
- ◆ A coat, sweater or jacket depending on weather
- ◆ A bible
- ◆ A notebook & pen
- ◆ A disposable camera (optional)
- ◆ Spending money (for lunch on the way home)

What not to bring (Emmanuel policy – strictly enforced):

- ◆ iPods/mp3 players or CD players
- ◆ Video game machines
- ◆ Valuable cameras, or video cameras
- ◆ Any valuable jewelry, clothing, or equipment

Please note that we CANNOT be responsible for lost items.

over

Emergency Phone Numbers:

John Popp Cell Phone:	740-632-3990
Josh Ater Cell Phone:	937-241-1189
Jim Ater Cell Phone:	937-478-5084
Solsberry Hill Phone:	812-876-8495

Parents, please review this information with your child. It will be very important that each youth represent them self in a Christ like fashion. It will also be important for their safety and the safety of others that they follow all direction given to them by youth leaders throughout the weekend.

If you have any questions please call me at 228-2013. Keep us all in your prayers and we prepare for this exciting weekend.

God Bless,

John J. Popp
Director of Religious Education

ACTIVITY INFORMATION

Church Agency: Emmanuel Catholic Church Youth Group
Event: Youth Group Spring 2010 Retreat
Starting/Ending Date: March 26-28, 2010
Location: Solsberry Hill Retreat Center 3708 State Ferry Rd. Solsberry, Indiana 47459
(812) 876-8495
Cost: \$65 per person

**Archdiocese of Cincinnati
Permission, Release and Medical Power of Attorney**

Last Name _____

Address _____ City _____ Zip _____

Home Phone # _____ Home Parish _____

1. I, The lawful parent or guardian of (please list children's names) _____

give permission for my child to participate in Religious Education Classes described above, and release from all liability and indemnify the Archbishop of Cincinnati ("The Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati and all parishes within the Archdiocese, and their officers, agents, representative, volunteers, and employees from any and all liability, claims, judgments, costs or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity.

- 2. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.
- 3. I appoint the Archbishop or his agents who are acting as leaders of the activity as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness or medial emergency occurs during the activity or related travel:
 - a. To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or Institutions pertaining to any emergency medications, medical or dentist treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the child.
 - b. I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.
 - c. This power of attorney shall lapse automatically upon completion of the activity and related travel.
- 4. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions.

I have carefully read this statement, and my signature acknowledge that I fully understand the content and meaning.

Signature of Parent or Guardian _____ **Date** ___/___/___

Work Phone: _____ **Cell Phone** _____

Emergency Contact (*other than parent*) _____

Phone# of Emergency Contact _____

Medical Insurance Company _____ **Policy No.** _____

Members Name _____

Family Doctor Name _____ **Phone** _____

Dentist Name _____ **Phone** _____

Refusal of Consent

I do not give my consent for emergency medical Treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the RE authorities to take no action or to:

Date: _____ **Signature of Parent** _____

***Medical Information to be completed by Parent or Guardian
(Please print clearly)***

Child's Name _____ Date of Birth _____ Grade _____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Special Needs _____

Child's Name _____ Date of Birth _____ Grade _____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Special Needs _____

Child's Name _____ Date of Birth _____ Grade _____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Special Needs _____

Child's Name _____ Date of Birth _____ Grade _____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Special Needs _____