

EXCEL *Retreat*

May 3-5, 2019, Camp Don Bosco

Meet at Mary Queen of Peace, Sammamish: Drop off 6pm May 3rd

Arrival back at Mary Queen of Peace: Pick up approximately 2pm May 5th

Please return along with \$**115** Registration Fee by **March 30th!!!**

Spots are limited!

Scholarships are available. Contact Chelsea for more information!

Email: anchor@mqp.org

Name: _____ Grade: _____

Email: _____ T-shirt Size: _____

Home #: _____ Cell #: _____

Address: _____ City: _____ Zip: _____

Parent Name(s) and Cell #s: _____

Parent Email Address: _____

Emergency Contact and Tele # (if parents can't be reached):

Parental Health/Permission Form

I _____ give my permission for my child _____ to participate in this event that requires transportation away from the parish site. This event will take place under the guidance and direction of parish employees and/or volunteers from St. Louise Parish and the Eastside Deanery on **May 3-5, 2019**. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns to hold harmless and defend St. Louise Parish, its officers, directors, employees and agents, and the Archdiocese of Seattle, its employees and agents, chaperones or representatives associated with this event, and I agree to compensate the parish, its officers, directors and agents and the Archdiocese of Seattle from any claim arising from or in connection with my child attending the event or in association with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Seattle, its employees and agents, chaperones or representatives associated with this event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature of Parent (and youth if 18 or older) _____ Date: _____

PARENT/LEGAL GUARDIAN PERMISSION SLIP

PARTICIPANT INFORMATION

Full name: _____
Age: _____ Grade/School: _____ Home & Cell phone #: _____
Street Address: _____
City/State/ZIP: _____
Parent/Guardian name(s) (please print): _____
Parent/Guardian email (please print): _____

PARENTAL AUTHORIZATION

Dear Parent or Legal Guardian:

Your son/daughter/individual under your guardianship is eligible to participate in an activity that requires transportation away from the parish site.

This activity will take place under the guidance and direction of parish/school staff from MQP and Holy Family Parish
Name of parish/school

DESCRIPTION OF ACTIVITY

Event: EXCEL Retreat
Location: Camp Don Bosco, Carnation WA
Person in charge: Chelsea Smith
Date of event: May 3, 2019 Time of departure: 6:00pm at MQP
Date of return: May 5, 2019 Time of arrival: 2:00pm at MQP
Mode of transportation to/from event: School bus

If you desire your son/daughter/individual under your guardianship, to participate in this particular event, **please complete, sign and return the following statement of consent and release of liability** by March 30, 2019.
date

I hereby consent to participation by _____, my son/daughter/individual under my guardianship, in the event described above. I fully understand that this event will take place away from the parish grounds and that my child will be under the supervision of the designated staff and/or volunteers on the stated dates. I understand that such an undertaking involves an element of risk. I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Corporation of the Catholic Archbishop of Seattle, staff, volunteers, and drivers from any and all liability that may arise out of participation in this activity. I also give consent for emergency medical treatment if necessary. I do request that, if possible, I be contacted prior to treatment. As parent/legal guardian, I remain fully responsible for any legal responsibility which may result from any personal actions taken by the named participant. Finally, my child and I have read and understand fully the attached Code of Behavior for Youth Participants in Events and Activities sponsored by the Catholic Archdiocese of Seattle. Finally, I give permission for my child to be photographed, and for MQP to use these photographs for the purpose of sharing our experience with the greater parish community, as well as promoting future events.

I consent further to the conditions stated above, including the method of transportation.

Parent's/Guardian's Signature: _____ Date: _____

Telephone #: Day: _____ Night: _____

Alternate Emergency Contact: _____

Telephone #: Day: _____ Night: _____

Allergies or Medical Concerns: _____

Medical Insurance Company: _____ Policy #: _____

Doctor's name: _____ Doctor's Phone #: _____

Youth Guidelines at Events
Sponsored by the Archdiocese of Seattle

In order to assure the safe and successful participation of youth and adults at gatherings sponsored by the Archdiocese of Seattle, the following code of behavior is to be followed. You are expected to represent your parish, school, and the Archdiocese during all gatherings. You are encouraged to display the mature, responsible character which has for so many years been the trademark of Catholic Youth Ministry within the Archdiocese.

SOME NORMS FOR PARTICIPATION:

1. Attire and Behavior must be appropriate for this Archdiocesan event. Please refrain from wearing provocative, revealing clothing and sexually explicit actions. Clothing is to be modest, ie. jeans or long shorts, shirts/t-shirts and tennis shoes. ***Tank top straps must be 2 finger widths and shorts must be as long as your arms at your side. **** **Please No** cutoffs or short-shorts, spaghettis straps, halter tops, strapless, low-cut or exposed mid-driff, sport bras, or t-shirts with inappropriate logos or violent language. **Please remember we are representing our parishes and the Catholic Church wherever we go and to the people we encounter. If you think you shouldn't bring/wear it, you probably shouldn't.**
2. Individuals are responsible for their own actions, and will be asked to assume the consequences for their inappropriate behavior.
3. Parish leaders should screen youth participants for their own protection as well as others. This screening must be used to identify areas of concern or special attention (i.e., health concerns, disabilities/impairments requiring extra accommodations, history of violence, etc.)
4. The purchase and/or use of tobacco products by minors is not tolerated.
5. The purchase, possession, or consumption of beer, wine, or other alcoholic beverages is not tolerated. Infraction of this means the immediate dismissal from the event.
6. The possession or use of illegal drugs by any individual is not tolerated. Infraction of this means the immediate dismissal from the event, and further action will be taken.
7. For the protection and safety of all participants, acts of violence or harassment are not tolerated. Such acts include fighting, physical or verbal assault/abuse, ethnic insults, and profane or obscene language, gestures, or actions.
8. Possession of any weapon is strictly prohibited. Anyone who brings a weapon to an event will be asked to surrender it to leaders and further action will be taken.
9. Any form of gambling is strictly prohibited.
10. Participants are expected to take direction from their parish adult leaders.
11. In the event that behavior requires extreme action, it is to result in dismissal from the event. Parents will be contacted and participants will be sent home.

The Archdiocese of Seattle does not insure personal property against theft or loss; please exercise caution regarding your personal items. You are expected to observe the guidelines above in light of Washington State statutes and definitions.

The Archdiocese of Seattle respectfully asks for your cooperation and hope that you will have no trouble adhering to this code of behavior. Keep in mind that you represent the Church at all times during the event and are asked to demonstrate an image of Christian consideration, sensitivity, and respect to others and to the property around you.

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I HAVE READ AND UNDERSTAND THE ABOVE GUIDELINES AND WILL ADHERE TO THEM.

Participant's signature

Date

Parent/Guardian Signature

Date

Group Leader's signature

Date

Authorization for Administration of Oral Medication

Student's Name _____ Birth Date _____

Name of Medication	Dosage	Methods of Administration	Time of Day to be Taken
_____	_____	_____	_____

Reasons for medication to be given during program/retreat hours _____

Anticipated action _____

Possible side effect of medication _____

Emergency procedure in case of serious side effect _____

I certify that I am the parent, legal guardian, or other person in legal control of the above identified student and request and authorize a designated parish staff person to administer the above identified medication to the above identified student in accordance with the prescription or doctor's instructions for the period beginning _____ through _____ .
Date Date

Medication will be supplied to the parish staff person in the original container(s), bagged and labeled with the participant's name.

Signature (Parent/Guardian) Date _____

Home Phone _____ Work Phone _____

Cell Phone _____ Other _____

Teen will not be allowed to have their cell phones at EXCEL. Parents, feel free to contact Chelsea anytime during the weekend: (206) 518-1660