

TESTIFY

Teen Leadership Retreat Application-

This is a spiritual retreat for sophomores, juniors, and seniors, to deepen and grow in their relationship with Jesus Christ. This retreat will challenge you, and if you really love the Life Teen retreat this is the next step for you.

Because this is an application-not everyone will be accepted to go on this retreat. Please fill this out and turn in the hard copy to the Youth Ministry Office no later than Sunday April 14th.

Name:

Grade:

School:

Parish:

Email:

Cell Phone #:

Home Phone #:

What is the best way to reach you:

Parent name:

Email:

Cell phone #:

1. How would you describe your relationship with Jesus? How are you presently trying to grow in holiness? Please be specific.

2. How do you seek to share your faith with the people God has placed in your life?

3. What do you hope to gain from attending this year's leadership retreat?

If selected to attend the Teen Leadership Retreat, I agree to the following paragraph below:

**I will attend the entire retreat and participate fully,
I understand that I am not in this for my own glory, but for God's,
I will be open to the Holy Spirit while participating in this retreat
I will live according to Christ's teachings, setting a strong example to others,
I understand that it is in giving that we receive,
and I will "die" to myself if necessary, for the sake of others.**

Your Signature:

Date:

TESTIFY

Teen Leadership Retreat Reference

Please have a Core Team member write a reference for you (2-3 sentences) and sign below. Turn this into the box on the Lifeteen Youth Minister's desk labeled TESTIFY RETREAT:

Name of Teen Applying for Testify Retreat:

Signature of Core Team Member:

Date:

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Leadership Retreat Release Forms

Teen: I understand that by requesting to go, I am promising to cooperate with the Life Teen CORE team. I understand that the intention of the retreat is to help form community and to bring me closer to God. I promise to follow instructions and be open. I also realize that I MAY NOT bring or use ANY KIND of ILLEGAL DRUGS, ALCOHOL, TOBACCO PRODUCTS (including vapes).

Teen's Signature: _____ Date:
_____/_____/_____

Parent Signature _____

Teen: I agree to leave my CELL PHONE at home (and it will not attend the retreat with me). I am aware that if I forget to leave my phone at home, the CORE team will collect it at the Retreat Registration Table, keep it safe, and return it to me at the end of the retreat. (I am also aware that if I usually use my cell phone as an alarm clock then I am encouraged to substitute it with an alarm clock; I am also aware that if there are MEDICAL/EMERGENCY reasons for me to keep my phone with me, then my PARENT GUARDIAN should inform the Youth Director and/or adult Core Member who will be happy to accommodate this exception). Note: This is NOT a new policy but one we wish to highlight anew.

Teen's Signature: _____ Date:
_____/_____/_____

Parent Signature _____

Teen: In understand that I will be responsible for my own transportation to and from the facility.

Teen Signature: _____ Date:
_____/_____/_____

Parent Signature _____

Photo Permission: (Please check one of the following):

_____ I grant permission for our parish and the Diocese of Fort Wayne-South Bend to use my child's image in any photograph, internet site, or visual media for promoting parish or diocesan youth ministry or for any other lawful purpose.

_____ I **DO NOT** grant permission for our parish and the Diocese of Fort Wayne-South Bend to use my child's image.

Minor's Medical Authorization Form

As parent / 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. Vincent de Paul

Catholic Church and Our Lady of Good Hope Catholic Church, its officers, directors, employees and agents, and the Diocese of Fort Wayne-South Bend, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection 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 Diocese of Fort Wayne-South Bend, its employees and agents and chaperones or representatives associated with the 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:

----- Date: ____/____/____
- / -----

Emergency Contact: In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name and relationship: ----- Phone: -----

Family Doctor: ----- Phone #: -----

Family Health Plan Carrier: ----- Policy

#: -----

NOTE: In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Diocese of Fort Wayne-South Bend, chaperones, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, sore throat, vomiting, fever, diarrhea, you will be contacted.

Specific Medical Information: The parish/school 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 been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.?

If so, list date and disease or condition:-----

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

Any Medications? Please indicate any the NAMES of the medications that the child is currently taking along with the DIRECTIONS including DOSAGE and FREQUENCY. [Please note that all such medications should be placed in a small plastic bag and handed in to the supervising adults to be administered as needed. It is best that the medications remain in their original containers along with the drug strength, quantity per dose, expiration date, and dosage schedule]

-----Sign Only Those that Apply Below-----

Permission to Transport: 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.

Signature:

----- Date:-----/-----
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Permission to Administer Non-Prescription: I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup, benadryl) to be given to my child, if deemed appropriate.

Signature:

----- Date:-----/-----
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Do Not Administer: I DO NOT grant permission for medication of any type, whether prescription or non-prescription medication, to be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature:

----- Date:-----/-----
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