

GOD IS REAL

Discover the most beautiful reality there is

Encounter Retreat

April 6-7, 2019

Saturday 10:00am - Sunday 1:30pm

Holy Family House

\$25 (includes meals)

For more information contact Elaine Jones at ejones@smmcorona.org 951-277-1801 ext 409

PARENT MEDICAL AND LIABILITY RELEASE STATEMENT CODE OF CONDUCT and PHOTO RELEASE

- DIOCESE OF SAN BERNARDINO 1201 E. Highland Ave, San Bernardino, CA 92404 (909) 475-5167
- CATHOLIC MUTUAL GROUP 2724 Waterman Ave Ste. J, San Bernardino, CA 92404 (909) 886-6001
- St. Mary Magdalene Catholic Community, 8540 Weirick Rd, Corona, CA 92883 (951) 277-3038

EVENT INFORMATION	<p>Event ENCOUNTER RETREAT 2019</p> <p>Location: ST. MARY MAGDALENE-HOLY FAMILY HOUSE</p> <p style="text-align: right;">**Please check one:</p> <p><input type="checkbox"/> Adult (18 and older)</p> <p><input type="checkbox"/> Youth (under 18)</p> <p>Date & Time of Activity: 2019 – SAT, APR 6, 10:00am – SUN, APR 7, 1:30pm</p> <p>Cost: \$25 PERMISSION FORM DUE DATE: APRIL 1, 2019</p> <p>PLEASE PRINT</p> <p>Participant's Name: _____ Date of Birth _____/_____/_____</p>
MEDICAL LIABILITY	<p>Parent's Name: _____ Ph #: _____ Cell/Work #: _____</p> <p>Emergency Contact Name: _____ Ph #: _____</p> <p>Family Physician: _____ Ph #: _____</p> <p>Insurance Company: _____ Policy No: _____</p> <p>Allergies/ Medical Problems/ Disabilities _____</p> <p>_____</p> <p>Is the participant taking any over the counter or prescriptions drugs? <i>(Use another sheet if necessary)</i></p> <p>Please list _____</p> <p>Please list any Allergies to medication or foods _____</p> <p>I also understand that in the event medical intervention is necessary, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached in an emergency during the activity dates shown on this form, I give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/ or order an injection, anesthesia, or surgery for my child as deemed necessary.</p>
CONDUCT	<p>I understand all reasonable safety precautions will be taken at all times by: MARGARET MILLER 951.277.1801 ext. 408 and its agents during the events and activities. I understand the possibility of unforeseen hazards and know there is the inherent possibility or risk. I agree not to hold, St. Mary Magdalene, its leaders, employees and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form.</p>
PHOTO	<p>I understand that by signing this form I/my child agree(s) to cooperate and participate fully, that I/my child will show respect for the property visited, respect for neighbor, that I/my child will show respect for the law and practice safety skills at all times. By failing to meet this code of conduct, I/my child am/are aware that appropriate action may be taken and arrangements may be made for immediate removal from the event.</p> <p>I hereby authorize the making of photographs, motion pictures, videotapes, recording, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.</p>
PERMISSION	<p><input type="checkbox"/> By checking this box, I DO NOT authorize any photos, videotapes or recordings of my child.</p> <p>_____</p> <p>Parent/ Guardian Signature Required for minors under 18 Date</p> <p>_____</p> <p>Signature of Participant Required Youth or Adult Date</p> <p>_____</p>

SMMOOTH YOUTH MINISTRY

Presents

ENCOUNTER RETREAT!

Sat, April 6 at 10:00am – Sun, April 7 at 1:30pm
Holy Family House at SMM Church

WHAT SHOULD WE PACK?

DRESS CODE: We ask all participants at SMMOOTH retreats are to dress modestly. Clothing must cover all undergarments and midriffs. No sagging, no low-cut tops, no short shorts, no clothing with offensive language or obscene pictures, etc. ***We will be attending Mass!***

What To Bring List

- A great attitude!
- Sleeping bag or sheets & blanket, a **foam pad, air mattress** – we will be sleeping on the floor!
- Pillow
- Jammies
- Towel
- Toiletries (soap, shampoo, toothbrush, paste, personal care items)
- Modest clothing for next day, ***including appropriate clothing for Mass***
- SMMOOTH t-shirt!
- Comfortable shoes, you will be walking, prefer closed toe shoes like tennis shoes
- Water Bottle
- Hat or visor if you are sensitive to the sun
- Sunscreen
- Jacket, sweater, or sweat-shirt – it might be cool at night
- Flashlight
- Bible
- Medication with MEDICATION PERMISSION SLIP in a ziplock baggie

To help keep our costs low, we are asking each participant to help out by contributing something to our snacks and drinks. *Please bring these items if your last name begins with:*

- A-F: Bags of FRESH FRUIT**
- G-L: 1 – 2 liter bottle of soda or other soft drink**
- M-R: Sweet snack like cookies/brownies**
- S-Z: Salty snacks like chips/crackers &**

What NOT to Bring List:

Cell phone or any other type of electronics that will take you out of retreat mode!

Questions??? Call or email Elaine Jones at 951.277.1801 ext 409 or ejones @smmcorona.org

ENCOUNTER Retreat

APR 6 - 7, 2019

MEDICATION PERMISSION SLIP

Place this COMPLETED FORM in a plastic bag WITH THE MEDICATION.

NAME OF YOUTH:

MOTHER'S NAME:

HOME #:

CELL #:

FATHER'S NAME:

HOME #:

CELL #:

We the parents of: _____

request that our son/daughter be allowed the following medications during the retreat when deemed necessary by the director or coordinator qualified to render such service.

MEDICATIONS			
NAME/TYPE	AMOUNT	INSTRUCTIONS	SIDE EFFECTS
1			
2			
3			
4			
5			

MOTHER'S SIGNATURE: _____

DATE: _____

FATHER'S SIGNATURE: _____

DATE: _____

TURN IN COMPLETED FORM AND MEDICATION AT THE RETREAT WHEN YOU CHECK IN.