



ARCHDIOCESE OF
NEW ORLEANS

CYO/Youth &
Young Adult Ministry



August 15, 2017

TO: Youth Ministers
FROM: Brigitte Burke, Associate Director for Youth Ministry

We are pleased to inform you that we will host our third annual **Archdiocesan Junior High Retreat at Camp Abbey on February 23-25, 2018**. We are thrilled to be able to offer this retreat again. The retreat is open to anyone in grades 5-7.

The theme for this retreat is **ALIVE**. We will focus on what it means to be fully alive and to recognize Christ living in each person. The weekend will include a variety of activities, talks, prayer experiences, the Sacraments of Reconciliation and Eucharist, music, and games. Most of all, it will be an opportunity to spend time with other young people from across the Archdiocese!

If you have young people who are interested in attending the retreat, this is how the registration process will work:

- 1) **ELIGIBILITY**– the retreat is open to anyone in grades 5-7. With the transition of 8th grade to high school, we do not suggest sending those in 8th grade.
- 2) **REGISTERING** - young people may register individually. They do not need to have chaperones from their parish in order to register. The CYO Office will provide staff, adult chaperones, and high school peer ministers for the retreat. You can register by visiting www.cyo-no.org and following the links for the online registration process. You will still need to print, fill out, and mail the appropriate liability forms.
- 3) **PAYMENTS** - The total cost for the retreat is \$100. Payment is due to the CYO Office, along with the registration by **February 9, 2018**. Registration will open on December 1, 2017 and spots will be reserved on a first come, first serve basis. We do expect the retreat to fill. It is recommended that you do not wait until the deadline to submit your registration. There may be limited scholarships available. Please call the office to inquire.
- 4) **PROGRAM** – The program will consist of a variety of interactive activities, prayer time, music, games, talks, and the Sacraments of Reconciliation and Eucharist. We will attend Mass to fulfill our Sunday obligation.
- 5) **LODGING** – Participants will sleep in cabins at Camp Abbey. Each cabin has 20 beds with a bathroom with private shower stalls. Adults stay in the cabins in the counselor rooms with a private bathroom. If you would like to request roommates, please list those people on the application form where it asks “Do you know anyone else attending this retreat? If so, who?” Every effort will be made to room people from the same parish/school in the same cabin when possible. Boys and girls will be housed in separate cabins at all times.
- 6) **ARRIVAL/DEPARTURE** – Participants should arrive at Camp Abbey at 7PM on Friday, February 23rd. Please eat dinner before you arrive on Friday as we will not serve dinner that night. Participants should be picked up at 1PM on Sunday, February 25th. They will eat lunch before they depart on Sunday.
- 7) **FOLLOW UP INFORMATION** - Complete information will be made available at www.cyo-no.org, including flyers, packing lists, and various permission forms. A reminder letter and packing list will be mailed to participants when their application has been accepted.

Knowing that space could fill quickly, I ask that young people and their parents please make decisions as soon as possible as the deadline will approach quickly. If you have any questions, please do not hesitate to contact me at 504-836-0551, ext. 3226 or Cecilia Matherne at ext. 3221.

**ARCHDIOCESE OF NEW ORLEANS
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone : _____ Business phone: _____

I, _____, grant permission for my child, _____, to participate in this parish activity that may require transportation to a location away from the parish site. This activity will take place under the guidance and direction of employees and/or volunteers from CYO Youth & Young Adult Ministry Office of the Archdiocese of New Orleans. A brief description of the activity follows:

Type of event: **Jr. High Retreat**

Location(s): Camp Abbey Retreat Center – Covington, LA

Individual in charge: Brigitte Burke

Duration of activity: 2/23/2018-2/25/2018

Mode of transportation to and from event: on their own

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to indemnify, hold harmless, and defend CYO Youth & Young Adult Ministry Office of the Archdiocese of New Orleans and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives associated with the event arising from or in connection with the negligence and/or intentional acts of my child.

Signature: _____ Date: _____

**ARCHDIOCESE OF NEW ORLEANS
MEDICAL INFORMATION AND CONSENT FORM**

GENERAL INSTRUCTIONS TO PARENTS/GUARDIANS:

1. Please take care in filling out this form. It provides crucial information for caregivers in the event of illness or medical emergency. Accuracy and thoroughness are encouraged.
 2. Sections I, II and V are mandatory. Sections III and IV provide you with treatment options in non-emergency situations.
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Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name _____

Home address: _____
(Street) (City/State) (Zip)

Home phone: _____ Cellular phone: _____

Business phone: _____ Other: _____

SECTION I. MEDICAL MATTERS

As the parent/legal guardian of the above named child, who is currently associated with _____ Parish. I hereby authorize Brigitte Burke or his/her assistants to carry out the wishes I have named (herein) in areas of emergency medical treatment and other cases of illness. This authorization inclusively extends from February 23, 2018 through February 25, 2018. I hereby warrant that, to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature: _____ Today's Date: _____

SECTION II. EMERGENCY MEDICAL TREATMENT

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. In the event of an emergency, if you are unable to reach me at the numbers listed herein, contact:

Name & relationship: _____

Phone: _____ Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

SECTION III: OTHER MEDICAL TREATMENT

In the event it comes to the attention of the parish, its officers, directors and agents, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature _____ Date: _____

SECTION IV: MEDICATIONS

(SIGN ONLY THOSE OPTIONS THAT ARE APPLICABLE)

- My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

- I hereby grant permission for non-prescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

- NO medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

SECTION V: MEDICAL INFORMATION

The parish 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, bed-wetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? _____ If so, date and disease or condition: _____

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

**REGULATIONS FOR THE JR HIGH RETREAT
ARCHDIOCESE OF NEW ORLEANS, CYO OFFICE
FEBRUARY 23-25, 2018, IN COVINGTON, LA**

**VIOLATIONS OF ANY OF THE REGULATIONS LISTED BELOW MAY RESULT IN
YOUR IMMEDIATE RETURN HOME AT PARENTS' EXPENSE**

- Chaperones are to be respected at all times; instructions are to be followed.
- Alcoholic beverages, smoking, illegal drugs, and weapons or dangerous items of any sort are positively forbidden. Sexual activity inconsistent with the teachings of the Roman Catholic Church is forbidden.
- Activity on social media, including but not limited to Twitter, Facebook, Instagram, etc. that is deemed threatening, disruptive, or damaging to the program and its reputation is forbidden. Participants are reminded to represent themselves appropriately as Catholic Christians in their online profiles.
- Room assignments may not be changed once assigned at Camp Abbey; members of the opposite sex may not visit in each others' cabins at any time.
- No one is permitted to leave Camp Abbey without the permission and escort of a chaperone.
- Anyone damaging property will be held responsible for the cost of damages. The Archdiocese of New Orleans is not responsible for damage expenses that an individual incurs. Theft of property is forbidden.
- If a participant uses special prescription medication (i.e. insulin, Ritalin, pain medication, etc.), the director reserves the right to have a chaperone hold and administer such medication.
- You must be on time for all departures, arrivals, and other scheduled activities.
- The announced curfew will be respected at night. Curfew violations, especially those that involve facility management, security, or law enforcement are serious violations and will be dealt with as such.
- All long distance calls are to be placed using personal cell phones or by calling collect
- Please do not bring valuables such as jewelry, expensive electronics, etc. The Archdiocese of New Orleans is not responsible for loss or damage that may result to such items.
- Consequences may include loss of privileges on this activity or future archdiocesan activities, informing of your church parish's and/or high school's administration, dismissal from the retreat, and being sent home during the retreat at parent's expense.

PLEASE SIGN AND RETURN

I have read and discussed the regulations for the Jr. High Retreat, Archdiocese of New Orleans, February 23-25, 2018, with my son and/or daughter and he and/or she is aware of them. I understand that if my child violates the any of the above mentioned rules, or any others deemed necessary by the director and adult chaperones for the safety and welfare of the group, I agree to have my child sent home immediately at my expense. I understand that further disciplinary action may be taken upon return home depending upon the gravity of the violation.

Signature of participant

Age

Signature of Parent/Guardian