



2022 Marian Group Retreat Registration Form

Dear Parents & Participants:

I am excited to invite all Holy Name youth to a retreat that I hope will enrich their spiritual lives and help them prepare for the big steps and decisions that will surely be a part of their next few years.

From Nov. 11-13, 2022, Phil Couture and myself (Chris Lanciotti) along with some other YA leaders will walk the junior and senior youth through the stages of discernment and how to grow in the attitude of daily discernment as keys for the Christian Life.

We will be going to Annunciation Heights near Estes Park, CO.

We will depart at 5pm, Nov 11 from Holy Name.

We will return at approximately 1pm to Holy Name on Sunday, Nov. 13.

Cost for the Retreat is the following:

- **\$170 - For the first youth**
- **\$145 - each for 2nd & 3rd youth**

Checks made out to Holy Name Catholic Church - Online Payment Accepted - Email for Info

We are inviting ALL the Marian Group kids, of ALL ages this year. The Older kids will be helping *lead* the retreat to an extent this year. ***If they would like to bring friends from other parishes please have them contact me first.*** Please do not make the cost a deterrent for the retreat. If there is any concern about cost, please contact me and we'll work something out.

mariangroups@holyname.org - 720-630-5840

Due Date for Registration Form and Payment is Nov. 3, 2022.

All Registrants must also complete the Annunciation Heights Liability forms, which will be sent by Email to all registered youth (parents)

Thank you all and God bless!

Christopher Lanciotti, SCV, *Holy Name Youth Coordinator*

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What to Bring

Refer to the packing list below. Please do not over-pack, as trunk space will be limited. Holy Name parish and adult leaders are NOT responsible for lost items. **Please leave valuable or irreplaceable belongings at home.** Please make sure you place name tags are on your luggage and/or backpacks.

Required

- Comfortable layers of clothing (most activities will take place indoors. However, there will also be outdoor activities. Dress in layers and remember we are in the mountains)
- Presentable outfit to wear to Mass (casual but presentable)
- Warm coat, hat & gloves
- Shoes & socks, slippers or flip-flops for inside
- Boots or other sturdy shoes for outside
- Pajamas --- everyone is required to wear both tops and bottoms --- remember to be modest
- Toiletries (toothbrush, toothpaste, deodorant, soap, etc.)
- Towels: at least 1- large; recommended 1 small; 1 wash cloth
- Rosary, pen and journal or notebook
- Sunscreen
- Flashlight
- Water bottle marked with your name
- Sleeping bag, blanket and pillow (only mattresses are provided).

Optional

- Small Games for free time

DO NOT BRING

- Cell phone, tablet or other electronic devices - if youth need to reach parents or loved ones they can write down their phone numbers and use the leaders' phones

Valuable or irreplaceable items



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Parental Consent Form

I/we, _____
 Parent(s)/Guardian(s) Name(s)
 grant permission for my/our child, _____
 Participant's Name
 to attend and participate in the Fall 2022 Holy Name Marian Group Retreat. This activity will take place under the guidance and direction of Holy Name Catholic Church Youth Director, adult leaders and Annunciation Heights employees and/or volunteers.
 A brief description of the activity follows:
 Type of event: Weekend Retreat
 Location: Annunciation Heights, 7400 CO-7, Estes Park, CO 80517
 Individual(s) in charge: Christopher Lanciotti – Holy Name Youth Director
 Duration of activity: November 11-13, 2022 (departing on Friday at 5:00pm and returning on Sunday by 2:00pm)
 Mode of transportation: I understand that participants will be transported to and from Annunciation Heights by Carpool by Holy Name volunteers

Signature: _____ Date: _____
 Parent or Legal Guardian

Signature: _____ Date: _____
 Parent or Legal Guardian

Participant (s) Information – Same Family ONE (1) Form, fill this section out for each child

Last Name:		First		Middle	
Home Phone:	()	Cell Phone:	()		
Email Address:		Age:			
Date of Birth (mm/dd/year)		Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Last Name:		First		Middle	
Home Phone:	()	Cell Phone:	()		
Email Address:		Age:			
Date of Birth (mm/dd/year)		Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	

Parent/Guardian Information

Mother's Last Name		First		Middle	
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Street Address		Apartment/Unit #	
City, State, Zip			
Home Phone	()	Cell Phone	()
Email Address			
Father's Last Name		First	Middle
Home Phone #	()	Cellphone #:	()
Email Address			
Provide address information only of different from Mother's address			
Street Address		Apartment/Unit #	
City, State, Zip			

Rules of Conduct
<p>In order for our retreat experience to be both safe and enjoyable, we expect all participants to abide by the rules listed below. Please take the time to review the rules listed below <u>before</u> the retreat and discuss their importance.</p> <p>If a participant fails to abide by them, or disregards the requests made by adult leaders, parents will be contacted and the participant will be sent home immediately at the parents' expense.</p> <ol style="list-style-type: none"> 1. Follow the 10 Commandments and act in a manner that is conducive to the well-being of others (respect small group confidentiality, no cussing, no gossiping, etc.). 2. Display a Christian attitude and use good, moral judgment. 3. Participate with an open mind and a friendly attitude. 4. Respect all adult leaders, follow their directions and abide by any additional rules or guidelines they deem necessary. 5. Dress modestly and appropriately for the time and place. 6. Use of cell phones and electronics (iPods, etc.) are prohibited in the carpool and during the retreat. 7. Abide by the schedule for each day (respect lights-out, curfew, etc.). 8. No girls in boys' rooms and no boys in girls' rooms. 9. Keep your adult leaders informed of your whereabouts <u>AT ALL TIMES</u>. Stay in groups of two or more (unless using the bathroom) and remain with the group in designated areas. Do not leave your group <u>without the permission</u> of an adult leader. You are not allowed to leave the conference premises alone. 10. Drink water and remain hydrated --- important while at high altitudes. 11. Youth must alert adult leader of any medical or health issue. This includes migraines, asthma, diarrhea, exhaustion and dehydration. 12. Hiking or exploring the grounds <u>without an adult leader is prohibited</u>. 13. No public displays of affection or spending time alone with a teen of the opposite gender. 14. Respect the belongings of others and the property of the camp, which includes cleaning up after



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yourself. Vandalism of any kind (indoor water fights, purposeful spilling or throwing of foods/ liquids, etc.) damaging any property belonging to the retreat center will not be tolerated.

- 15. No running in the hallways of the conference space and dining room.
- 16. Youth are responsible for packing and carrying their belongings.

I have read and understand the Rules of Conduct for the Holy Name Marian Group and Confirmation Retreat.

Parent or Legal Guardian Signature

Date

Participant Signature

Date



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Emergency Contact, in the event Parent(s) cannot be reached

Last Name		First		Middle	
Street Address				Apartment/Unit #	
City, State, Zip					
Home Phone	()	Cell Phone	()		
Email Address					

Participant(s) Medical Information

Healthcare and Insurance Provider Information:

Name of Family Physician:		Telephone	()
Street Address		City, State Zip Code	
Medical Insurance Provider		Policy #	
Name of Insured		Group #	
Mailing Address:		Telephone:	()

Immunizations:

Date of last Tetanus shot: _____ mm/dd/year Date of last flu shot: _____ mm/dd/year

Has Participant(s) had any major illnesses recently? Yes No

If yes, provide details medical condition(s): _____

Has Participant(s) had any surgery recently? Yes No

If yes, provide details medical condition(s): _____

Has Participant(s) recently been exposed to a contagious disease or medical condition(s), such as mumps, chickenpox, measles, flu? Yes No

If yes, provide details about the contagious disease or medical condition(s): _____

Any allergies (food, medication, environment (plants, insects, etc.))? Yes No

If yes, please describe: _____



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Any medical conditions that might affect your participation in activities? Yes No

If yes, please describe: _____

Participant Medical Information (continued)

Do you/ any of the listed participants have any physical limitations that might affect your participation in activities?
 Yes No

If yes, please describe: _____

Do you/ any of the listed participants have a medically prescribed diet or special food requirements? Yes No

If yes, please describe: _____

List other special conditions or medical conditions:

Medication:

Is any of the listed participants taking medication at present: Yes No

It is the Participant’s responsibility to bring all necessary medications and to ensure they are clearly labeled. Instructions from the prescribing physician must be attached to this form. For all medication(s) include: the name of each medication, its purpose, concise dosage instructions, proper storage requirements and any other pertinent information.

Note: Holy Name parish staff and volunteers **WILL NOT** administer **ANY** medications requiring the use of a syringe or other needle delivery system. Alternate accommodations must be made for these circumstances and the Holy Name retreat staff must be fully informed of the nature of such accommodations. Participant requires an accommodation: Yes No

Notification:

I want to be contacted in the event it comes to the attention of the Adult that if the above-mentioned Participant experiences symptoms such as headache, vomiting, sore throat, fever, diarrhea, etc. Yes No

Please check all that apply:

- I/We hereby grant*** permission for the following non-prescription medication (non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup, etc.) to be administered to the above-mentioned Participant, if deemed appropriate.
- No medication*** of any type, whether prescription or non-prescription, may be administered to the above-mentioned Participant unless the situation is life-threatening and emergency treatment is required.

Transportation Permission

I, the undersigned do hereby give permission for the above-named Participant(s) to be transported to and from the Camp IDRAHAJE Retreat Center by adult volunteers to attend the Holy Name Marian Group and Confirmation Retreat.

Transportation to and from the Holy Name Marian Group and Confirmation Retreat will be provided by adult volunteers from Holy Name parish. On Friday, November 11, I agree to drop my child off by 4:45pm at the parking lot of Holy Name Catholic Church, located at 3290 W Milan Ave, Sheridan, CO 80110. Carpools will leave promptly at 5:00 pm. I understand that my son/ daughter will be transported in carpools by adult volunteers to Annunciation Heights, 7400 CO-7, Estes Park, CO 80517. On Sunday, November 13, I understand that my son/daughter will return to Holy Name Catholic Church at approximately 1:00pm. I agree to pick up my child at 1:00 pm at the parking lot of Holy Name Catholic Church, unless otherwise notified.

I, the undersigned do hereby give permission for the above-mentioned participant to ride in any vehicle designated by the adult whose care the minor has been entrusted while being transported to and from the Holy Name Marian Group and Confirmation Retreat.



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I, the undersigned, in consideration for the transportation of my son/daughter in this retreat activity, do hereby waive, release and forever discharge Holy Name Catholic Church and the Archdiocese of Denver, their agents, employees and anyone else connected with this activity from any and all liability resulting from injuries sustained as a result of my son/daughter's transportation to and from this activity. I hereby give our permission to take said participant to doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery; and, we (I) fully and completely assume responsibility for all medical bills. The undersigned shall be liable and agree(s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

I have read this Transportation Permission form and fully understand it.

Print Full Name of Parent/Guardian: (first, middle, last)	
Signature of Parent/Guardian:	
Date:	
Print Full Name of Parent/Guardian: (first, middle, last)	
Signature Parent/Guardian:	
Date:	