

**LIFE TEEN FALL RETREAT NOV 1-3, 2024**

**HOLY TRINITY CATHOLIC CHURCH  
CATHOLIC DIOCESE OF RICHMOND**

**Cost - \$100  
Includes food and  
lodging at YMCA  
Camp Silver Beach.  
*Scholarships are available!***

**Please turn in to  
Pastoral Center by  
Friday, October 18<sup>th</sup>**

**YOUTH Registration Form**

**YOUTH INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First/Nick Name for Badge: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Teen Cell # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Grade: \_\_\_\_\_ Adult T-Shirt Size: \_\_\_\_\_

Parish Name: Holy Trinity \_\_\_\_\_ City: Norfolk \_\_\_\_\_

Group Leader: Aaron Hostetter \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

Name:	_____	_____
	(Father)	(Mother)
Cell Phone:	_____	_____
	(Father)	(Mother)
Email:	_____	_____
	(Father)	(Mother)

## Medical Information and Release Form

All information is kept private and confidential

Name of Participant: \_\_\_\_\_

### MEDICAL INFORMATION

In many cases, our staff and volunteers are not familiar with the medical, physical, and/or emotional history of each participant. Please share ANY information relating to the participant in detail. **BE AS SPECIFIC AS POSSIBLE.**

Does the participant have any dietary restrictions?	List any dietary restrictions (i.e. vegetarian, allergies):
Is the participant allergic to anything?	List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances):
Is the participant currently taking or has taken any prescription medication in the last 6 months?	List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.
Does the participant have any emotional, physical or sensory conditions?	List any emotional conditions that may impede participation in the event. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant.  List any physical and/or sensory conditions of which we should be aware or of which need special accommodations (e.g. hearing loss, visual impairment, mobility).

### RELEASE OF LIABILITY AND MEDICAL RELEASE

As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend **Holy Trinity**, the Catholic Diocese of Richmond, its employees and agents, chaperones, or representatives associated with this 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 Diocese, 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 Diocese.

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. In the event of any 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 above numbers I give permission for the noted emergency contact to be notified. I will not hold **Holy Trinity** and the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### USE OF PICTURES AND/OR VIDEO

I give permission for pictures and/or video of my child (named above) engaged in activities related to the parish or Diocesan event to have their pictures posted in **Holy Trinity**, the Diocese of Richmond publications or websites. Names of participants **will not** be used without expressed permission from the parent or guardian. If no box is checked below, the Diocese of Richmond assumes you give permission.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## YOUTH CODE OF CONDUCT

Youth participants must read, understand, agree, sign and return this sheet with the Medical Information and Release form. Each participant is expected to adhere to the following principles while at the event:

### SHOW LOVE AND RESPECT FOR GOD:

- ✓ Pray daily for self and others.
- ✓ Participate in opportunities to receive the Sacraments.
- ✓ Participate in the sessions, activities, and prayer experiences.
- ✓ Be open, flexible, and have a servant's attitude.
- ✓ Represent God in your words and actions.

### SHOW LOVE AND RESPECT FOR SELF:

- ✓ Remember that you are the Temple of the Holy Spirit. Present yourself accordingly.
- ✓ No alcohol, drugs, or smoking will be tolerated during the event.
- ✓ Dress with modesty. Bare mid-drifts, spaghetti straps, short-shorts, low cut tops, or guys without shirts are not permitted during the event.
- ✓ Any music you bring and listen to should glorify God.
- ✓ Drink plenty of water, obey sleeping times, and make sure you eat all meals. This will allow you to fully participate and not be tired.
- ✓ If you must leave an activity, adult chaperones should accompany you since they are responsible for you.

### SHOW LOVE AND RESPECT FOR OTHERS:

- ✓ Show respect to the adult Core team by listening to and following their instructions.
- ✓ All words and actions should be those of Christ to build up others and not injure.
- ✓ Make sure that your actions during the activities do not distract others from hearing, seeing, or praying.
- ✓ Be safe. No horseplay or other potentially harmful actions. Leave pocketknives, lighters, or other hazardous materials at home.
- ✓ No teenagers are allowed to drive to or from the retreat due to liabilities and safe environment standards.
- ✓ Under no circumstances can a youth be in the room or cabin of a member of the opposite sex.
- ✓ Allow others to sleep. "Lights Out" means that it is time to go to sleep. Do not be in the showers or halls after "Lights Out".
- ✓ No outside or unregistered visitors at the event will be permitted.
- ✓ The facility must remain clean and undamaged. Otherwise, you will personally be responsible to pay for the damage. Don't bring food or drinks to the rooms and pick up trash if you see it.

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***I have read, understand, and agree to the above principles. Any violation of the above principles may result in immediate dismissal from the event and participants will forfeit their registration fee.***

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Parish: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



## Informed Consent and Liability Release

I am aware and understand that participating in camp activities such as (but not limited to): the Alpine Tower, Zip Line, Kayaking, Archery, Hiking, Challenge Course, at YMCA Camp Silver Beach, including the ropes course, involves a potential risk of physical injury and I understand that the programs are physically demanding and potentially dangerous. I hereby agree and hereby state that I am solely responsible for my own participation and for my own physical and emotional well being. I am aware and understand that all of the program activities are strictly voluntary and that it is my own choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, physical abilities and mental condition. I further state that in choosing to participate, I am not under the influence of any chemical substance including alcohol. I willingly and knowingly assume for myself, my heirs, family members, executors, administrators and assigns all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the program and hereby agree to hold the YMCA of South Hampton Roads – YMCA Camp Silver Beach, its employees, its instructors, facilitators and agents harmless for any liability arising out of my participation of the program. Should the YMCA of South Hampton Roads – YMCA Camp Silver Beach or anyone acting on its behalf be required to incur attorney’s fees and cost to enforce this agreement, I agree to indemnify and hold the YMCA of South Hampton Roads – YMCA Camp Silver Beach harmless for all such fees and cost. This release does not, however, apply to any physical injury or emotional harm caused by negligence or willful misconduct of the YMCA of South Hampton Roads – YMCA Camp Silver Beach, its employees, its instructors, facilitators and agents.

I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.

Name (please print): .....

Street Address: ..... City: ..... State: ..... Zip: .....

Phone: ..... Email: .....

Group Name/Company that I am a participant of: .....

Signature: ..... Date: .....

\*If the participant is under the age of 18, their parent or guardian must also sign below.

Signature: ..... Date: .....