

**Spy Leadership Team
Renewal Application
2017/2018**

NAME: _____ Cell Phone _____

Address: _____
_____ Grade (16/17) _____

_____ Home Phone: _____

E-MAIL: _____ BIRTH DATE: _____

Please print clearly and legibly

The Sunday Eucharist is the foundation and confirmation of all Christian practice. For this reason, the faithful are obliged to participate in the Eucharist on Sundays and Holy days of obligation, unless excused for a serious reason. Those who deliberately fail in this obligation commit a grave sin. Participation in the communal celebration of the Sunday Eucharist is a testimony of belonging and of being faithful to Christ and to his Church. The faithful give witness by this to their communion in faith and charity. Together they testify to God's holiness and their hope of salvation. They strengthen one another under the guidance of the Holy Spirit (2182, 2183). Anyone considering being part of the SPY LT team is aware that attending Mass and actively participating in the Eucharistic celebration, as well as continuing faith formation in religious education class is not only mandatory but also essential to be a leader in our community of faith.

1. Do you believe that as an LT member you acted as an authentic representative of the Seton Parish Youth Leadership Team at all times? This includes but is not limited to treating others with respect & dignity, appropriate conduct during meetings, at school and other areas of your life?
Please explain your answer:

2. During the previous LT year were you responsible in fulfilling your commitment to attend LT meetings? Keeping up with dates and meetings, as well as taking responsibility for email and/or text communication?

Please explain:

3. As an LT member did you follow through on each event and activity in which you volunteered as a team member? Were you responsible with communication, attending planning meetings, fulfilling the roles in which you were assigned? Please Explain:

4. Do you believe that you actively participated in events that you were not on the planning committee for? Did you attend events and activities in support of your fellow team members? Please explain.

5 Did you follow through and work to the best of your ability to fulfill your responsibility helping with fundraisers, ministry marketplace and other positions where SPY representation and help was needed?

6 In your opinion, what was your greatest contribution to the SPY Leadership Team?

7 Do you feel that you gave 100% as a member of the leadership team?

8 What was your best experience as a 16/17 LT member?

9 What changes, if any, would like to see for the upcoming year?

10 What other activities/commitments will you have this coming school year? What months are the busiest for you?

11. Have you been responsible in areas of social media? How would you best describe how others would view you, what you stand for and believe in, based solely upon social media which includes texting, Facebook, Instagram and any other means of social media?

12. Are you willing to be 100% committed to the SPY leadership team and take responsibility for **checking email for communication**, being aware of important dates and activities, and send an email when you know you will be unable to attend leadership team meetings?

Renewal Forms due no later than July 9, 2017

Signature: _____ Date: _____

TO BE FILLED OUT IN THE OFFICE

Religious Education Attendance for previous year: _____

PARENTS PLEASE COMPLETE:

Your son or daughter is applying for a position as a SPY Leadership Team Representative for the 2017/2018 leadership team year. Anyone considering being part of the SPY LT team is aware that attending Mass and actively participating in the Eucharistic celebration, as well as continuing faith formation in religious education class is not only mandatory but also essential to be a leader in our community of faith

Do you agree to the time commitment being made by your child?

YES NO

Will you, throughout this programming year, support, encourage and assist in holding accountable your son/daughter to these expectations?

YES NO

Are you interested in being an adult member of the SPY leadership team?

YES NO

Are you available to be a driver and/or Chaperone for SPY events?

YES NO

Parent/ Guardian Signature: _____ Date: _____

Contact # (cellular or home): _____

Student Copy

April 20, 2017

Dear Parent or Legal Guardian

Your child is invited to attend the Seton Parish High School Retreat. This activity will take place at Geneva Hills. This activity will take place under the guidance and supervision of authorized adult personnel from Seton Parish. A brief description of the activity follows:

- Name of Event:** Leadership Team Retreat
- Locations:** Heartland Retreat Center, 3201 County Rd 225, Marengo, OH 43334
- Emergency Phone:** 614-203-4776 (Barbara's cell phone)
- Date:** August 4 - 6, 2017
- Time:** Departure time from Seton Parish 4:00 pm
Arrive back at Seton Sunday Approximately 11:30 am
- Adult Supervisor:** Barbara A. Serrano
- Cost:** \$130.00 ** A portion of the cost will be offset by proceeds from the June and July Car Wash for students who participate and work the Car Wash.

As parent or legal guardian, you assume all legal responsibilities that may result from the actions taken by or the involvement of the named student.

Please keep this sheet for reference and make note of departure and arrival times.

***DEADLINE FOR
REGISTRATION July 9, 2017***

*Full payment is expected for cancellations that occur after registration date unless participant finds a substitute
(It is the responsibility of participants to find substitutes)*

***Participants who receive financial assistance will be expected to reimburse Seton Parish the full amount paid on their behalf if a substitute is not available and may be denied financial assistance for future events*

2017 LT Retreat August 4 - 6 2017 What to Bring...

- Boys - Beverages to share: bottled water, juices and soda in cans**
- Girls - Munchies to share, baked goods, cookies, trail mix, veggies & dip, fruit, and chips, etc.**
- Casual, comfortable clothes and a change of clothes for Mass on Saturday evening
- Pillow, sleeping bag, or other bedding (beds with mattresses will be provided)
- Appropriate sleepwear
- Extra pair of shoes that can get wet and/or dirty (Hiking boots or old athletic shoes that still have good traction would be great!)
- Plastic bag to put wet/dirty clothes in
- Towels, soap, shampoo, toothpaste and toothbrush, deodorant, and any other personal items
- Flashlight
- Softballs, bats, Frisbees or any other outdoor toys (optional)
- Jacket or sweatshirt in case the evening is cool

DIOCESE OF COLUMBUS

REGISTRATION/PERMISSION/RELEASE AND INDEMNIFICATION AGREEMENT

PARISH NAME Seton Parish PARISH CITY Pickerington
Please print clearly; return with appropriate payment to your adult leader. All incomplete forms will be returned.

I. REGISTRATION

A. Name of Participant:
Address:
City: State Zip Code
Phone () Participant Cell (optional) ()
E-Mail
Parish School
Date of Birth / / Male Female Grade
Name of Adult Leader Barbara A. Serrano

B. Name of Activity 2017/2018 Leadership Team Retreat
Location: Heartland Conference Center, 3201 County Road 225 Marengo, OH 43334
Dates of Activity August 4 - 6, 2017
Mode of transportation if not self-provided: Car Pool

II. PERMISSION

The undersigned hereby state(s) that (he/she/they) (is/are) the (parent/parents/guardian) of the above named Participant and have full legal responsibility for the Participant. The undersigned hereby grant(s) permission for the Participant to participate in the Activity named in Section I.B., above.

III. RELEASE AND INDEMNIFICATION

- A. Release. The undersigned on behalf of the undersigned, the Participant, and the heirs, successors and assigns of the undersigned and the Participant, hereby release, hold harmless from any liability, and discharge from all direct or derivative claims, actions, causes of actions, medical expenses, costs, legal expenses, other expenses and all other damages at law or in equity, known or unknown, direct or indirect, choate or inchoate against the Diocese of Columbus, the Parish and all current and former employees, agents, clergy, officers and volunteers of the Diocese of the Parish, arising from the Participant's participation in the Activity named in Section I.B., above.
B. Indemnification. The undersigned shall indemnify and hold harmless the Diocese of Columbus, the Parish, and all current and former employees, agents, clergy, officers and volunteers of the Diocese of Columbus or the Parish from any claim, liability, suit, judgment, loss, damage, expense, fee or cost (including court costs and attorney fees) arising directly or indirectly from the Participant's participation in the Activity named in Section I.B., above, unless arising from the negligence of an indemnified party.

IV. SPECIFIC MEDICAL INFORMATION AND MEDICATION

A. Specific Medical Information. The Parish will take reasonable care to see that the following information will be held in confidence.
Chronic Conditions (e.g. Epilepsy; Diabetes)
Allergic Reactions (e.g. Food, medications, plants, etc.)
Dietary Restrictions
Immunizations: Date of last tetanus/diphtheria immunization:
Any physical limitations?
Has the Participant recently 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 the Participant:

B. Current Medication: The Participant is taking medication at present. The Participant will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for taking such medications, including dosage and frequency of dosage, are as follows:

C. Non-Prescription Medication

Please check ONE of the following:

- No medication of any type, whether prescription or non-prescription, may be administered to the participant unless the situation is life-threatening and emergency treatment is required.
- Non-prescription medication may be given to the Participant, if deemed appropriate.

V. EMERGENCY MEDICAL CONTACT AND TREATMENT

A. Emergency Contact Information

Parent or Guardian _____
 Address _____
 Phone(s) _____

Medical Insurance _____ Policy Number _____
 Member's Name _____ Phone (_____) _____
 Family Doctor _____ Phone (_____) _____

B. Emergency Medical Treatment

In the event of an emergency, the undersigned hereby give(s) permission to transport the Participant to a hospital for emergency medical or surgical treatment. The undersigned wish(es) to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if the undersigned cannot be reached at the above numbers, contact:

Name & relationship: _____ Phone: (_____) _____

VI. CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION (Leave blank if Consent not granted.)

The undersigned hereby consent to the release of photographs and name of the Participant to be used by the Diocese of Columbus and Seton Parish _____ (PARISH NAME) for future promotional programs of the Diocese and Parish. If you have any questions or concerns, please contact Barbara A. Serrano _____ (PARISH POINT OF CONTACT) at 614-833-0485 _____ PHONE NUMBER).

VII. CODE OF BEHAVIOR

The Participant shall comply with the following:

1. The Participant must stay and participate in the entire event. The Participant may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.
2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
3. Foul language is not tolerated.
4. The Participant must comply with any and all directions of activity staff.
5. The Participant must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the Participant involved and the undersigned.
6. Failure to abide by this Code of Behavior may result in a request to the undersigned to transport the offending Participant from the premises, and the undersigned shall immediately comply with the request.

VIII. SIGNATURES

**THE UNDERSIGNED HAS READ, UNDERSTANDS AND
HEREBY AGREES TO AND ACCEPTS ALL PROVISIONS IN
THIS AGREEMENT**

Participant's Signature _____ Date _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Legal Guardian Signature _____ Date _____