

Due no later than July 7, 2019

Spy Leadership Team Application 2019/2020

NAME _____ Cell Phone: _____

ADDRESS _____ GRADE _____ '19- '20

_____ HOME PHONE _____

E-MAIL _____ BIRTH DATE _____

Please print your email address 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. In your opinion, what is the purpose of the SPY Leadership Team?
2. Why are you applying for a position on the SPY Leadership Team?
3. What does it mean to you to be a Christian? A Catholic?
4. Describe the characteristics/attributes of a "leader."

5. Please list any previous leadership experience:

6. What are your weaknesses as a leader?

7. Are you willing to communicate your ideas to a larger group?

8. What church-related activities have you been involved in within the last year?

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

10. 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?

Student Signature

Date

Contact # (cell if applicable)

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PARENTS PLEASE COMPLETE:

Your son or daughter is applying for a position as a SPY Leadership Team Representative for the 2019/2020 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 (either Sunday night at Seton or in Catholic School) 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 12, 2019

Dear Parent or Legal Guardian

Your child is invited to attend the LT Retreat. This activity will take place at Heartland Retreat Center. 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: 614-733-4779 (Barbara's cell phone)

Date: August 2 - 4, 2019

Time: Departure time from Seton Parish 5:00 pm
Arrive back at Seton Sunday Approximately 11:30 am

Adult Supervisor: Barbara A. Serrano

Cost: \$130.00 (cost includes high ropes course)

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 7, 2019***

Full payment is expected for cancellations that occur after registration date

2019 LT Retreat
August 2 - 4 2019
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.**
- Brown Bag dinner for Friday night arrival
- We will be doing the ropes course so you will need tennis shoes and a pair of pants to cover your legs.
- 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: E-Mail: School: Date of Birth: Male Female Grade: Name of Adult Leader Barbara A. Serrano

B. Name of Activity: 2019/2020 Leadership Team Retreat Location: Heartland Conference Center, 3201 County Road 225 Marengo, OH 43334 Dates of Activity: August 2 - 4, 2019 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: _____

HEARTLAND CONFERENCE RETREAT CENTER
Activities & Program
Participation Agreement

Seton Parish

8/3/2019

Print Participant Name

Print Name of Group

Date of Event

INSTRUCTIONS: Please read this entire form carefully. Each participant and/or their custodial parent/guardian must read, complete, sign and submit this agreement to Heartland so that Heartland receives all completed and signed forms at least one business day before the Event Date. Without an appropriately signed form delivered to Heartland in advance, the individual will not be permitted to participate in the Program.

I have read, and do understand, the Participation Is Voluntary statement accompanying this form. I understand that my/my child's participation in all activities offered by Heartland Conference Retreat Center (Heartland) is based on the Participation Is Voluntary philosophy. These activities include, but are not limited to: High Ropes, Zip Line, Team Challenge, Group Problem Solving, Archery, Night Hike, Nature Center, Large Group Game, Orienteering, Campfire, Living History, Wagon Ride, Bird Blind, Climbing Wall and Wilderness Rush. I recognize that the Heartland Activities are designed to utilize experiential and engaging teaching techniques, and that my participation is purely voluntary. At all times I will choose my level of participation in any activity, and I agree to follow all guidelines and instructions as presented.

I do understand that the staff of Heartland have received extensive training, and will work to protect the emotional and physical safety of myself/my child. I understand that participation in Heartland activity in which I/my child have enrolled, may entail certain risks. I elect to participate in spite of these risks.

I do understand that safe participation in Heartland Activities requires reasonably good health, and I certify that I have/my child has no medical, emotional and/or physical conditions which could interfere with my/my child's safety in this activity/these activities.

I grant to Heartland and all persons acting through them, the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself/my child for use in materials they may create.

I have read and do understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon my heirs, assigns, personal representatives and estate and for all members of my family, including minor children.

Therefore, for myself/my child, I knowingly and voluntarily assume all risks involved in my/my child's participation, and do hereby release and promise to defend, indemnify, and hold harmless, Heartland and its members, trustees, officers, employees, volunteers, independent contractors, and agents from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, or loss that may occur as a result of participation in Heartland Activities, whether such injury arises out of the negligence of Heartland, myself/my child, or otherwise.

Signature of Participant **(Required)**

Date

Signature of Custodial Parent/Guardian
(Required if participant is a minor)

Age of Participant if a minor: _____

Address

City

State

Zip

Phone

PARTICIPATION IS VOLUNTARY

- 1. SAFETY, SAFETY, SAFETY**— Both physical and emotional safety are important. I will listen to my leaders and facilitators, follow their instructions, and respect and use all equipment and facilities appropriately.
- 2. PARTICIPATION IS VOLUNTARY**—I have made the choice to be here today and participate as an important member of our group.
- 3. GIVE AND RECEIVE FEEDBACK**—I will respectfully and gracefully offer and receive feedback to enhance our experience as a group, and my experience as a member of our group.
- 4. DON'T PUT YOURSELF DOWN**—I will not say "I can't." I will believe in myself and in the other members of our group.
- 5. DON'T PUT OTHERS DOWN**—I will encourage the members of our group to believe in themselves and in me.
- 6. SPOT WITH GOOD ATTENTION**—Whenever I am assisting, I will pay attention and perform my assigned task with enthusiasm, diligence and care.
- 7. BALANCE FUN WITH BUSINESS**—I will seek a balance between having fun and performing my tasks.
- 8. ALL FOR ONE AND ONE FOR ALL**—We are all participating in this together.
- 9. BE PRESENT AT ALL TIMES**—I will be present with our group at all times, both mentally and physically.
- 10. LEARN FROM MISTAKES**—I will not put myself or others down because of a mistake. I will seek the positive, and will consider any mistake as an opportunity to learn and grow.