

chaperone

February 4, 2019

Name of Event: High School Retreat

Locations: Heartland Retreat Center, 3201 County Rd 225, Marengo, OH 43334

Emergency Phone: 614-733-4779 (Barbara's cell phone)

Date: April 5 – 7, 2019

Time: Departure time from Seton Parish 5:00pm
Arrive back at Seton Sunday Approximately 12:00 pm

Adult Supervisor: Barbara A. Serrano

Cost: \$90.00

Help Needed: Please let Barbara know if you would be willing and available to help either chaperone the retreat **OR** to help car pool and transport students to the retreat and back.

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 March 18, 2019***

*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*

2019 High School Retreat April 5-7, 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.**
- 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 Chaperone Form
REGISTRATION/PERMISSION/RELEASE AND INDEMNIFICATION AGREEMENT

PARISH: Seton Parish, Pickerington *Please print clearly; return with appropriate payment. All incomplete forms will be returned.*

I. REGISTRATION (Each Adult Participant Must Complete a Separate Form)

A. Name of Adult Participant: _____

Address: _____

City: _____ State: _____ Zip : _____

Cell Phone: _____ Email: _____

B. DOB: / / Male: Female:

Name of Group Leader: Barbara A. Serrano

B. Name of Activity: 2019 High School Retreat

Location: Heartland Retreat Center

Dates of Activity April 5 – 7, 2019

II. 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: _____

Any special medical conditions of the Participant: _____

B. **Medication:** The Participant is responsible for providing and taking all medication, prescription or non-prescription, required by the Participant.

C. Emergency Contact and Information.

Emergency Contact _____ Phone Number () _____

Medical Insurance _____ Policy Number _____

Member's Name _____ Phone Number () _____

Family Doctor _____ Phone Number () _____

In the event of an emergency, the undersigned hereby give(s) permission to be transported to a hospital.

III. RELEASE AND INDEMNIFICATION

- A. **Release.** The undersigned on behalf of the undersigned and the heirs, successors and assigns of the undersigned hereby releases, holds harmless from any liability, and discharges 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 Columbus or 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 participation of the undersigned in the Activity named in Section I.B., above, unless arising from the negligence of an indemnified party.

IV. CODE OF BEHAVIOR

- A. **Adults.** Adults shall at all times conduct themselves in a lawful manner appropriate to the Activity. Adults shall act with respect for all other participants in the Activity. Adults shall act in accordance with the principles of the Roman Catholic Church.
- B. **Student Activities.** Adult participants shall at all times be present and shall chaperone students assigned by group leader. Adult participants will supervise and monitor the movement of students throughout the activity. Adult participants will insure that no students enter areas specifically prohibited. Adult participants will insure that no students enter any rooms or areas that are not appropriately chaperoned by two adults. Adult participants will use safe environment practices such as not meeting with students in secluded areas; making sure enough adults are chaperoning all activities; observing other adults who are interacting with youth; and notifying staff of any inappropriate activities throughout the duration of the activity. The possession or use of alcohol, tobacco, drugs, or weapons of any kind by students or adult participants is not permitted. Failure to abide by this Code of Behavior may result in a request for the adult to leave the premises.

V. SAFE ENVIRONMENT COMPLIANCE

Date of Criminal Background Investigation Report: ___ / ___ / ___

Protecting God’s Children Date: ___ / ___ / ___ Location: _____

I Have Read, And Understand And Agree To All Contained In This Agreement.
 I Have Read And Understand The Above Code Of Behavior And Commit To Uphold This Code Of Behavior.
 I Affirm That The Safe Environment Compliance Information I Have Provided Is Complete And Truthful.

Signature

Date

Drivers must be over 25 years of age and provide a copy of driver’s license and vehicle registration

_____ I can stay the whole weekend as a chaperone and help with all the driving. I can transport _____ students in my vehicle (please fill in how many students, including your own, that you can transport).

_____ I cannot stay overnight but am able to help drive:

Transportation to the retreat: I am able to transport _____ students in my vehicle.

Transportation from the retreat: I am able to transport _____ students in my vehicle.