

# Chaperone Form (chaperones must be 21 and over)

February 2, 2018

**Name of Event:** High School Retreat

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

**Emergency Phone:** 614-203-4776 (Barbara's cell phone)

**Date:** April 27 – 29, 2018

**Time:** Departure time from Seton Parish 4:30 pm  
Arrive back at Seton Sunday Approximately 12:00 pm

**Adult Supervisor:** Barbara A. Serrano

**Cost:** \$90.00

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

***DEADLINE FOR  
REGISTRATION April 8, 2018***

**2018 High School Retreat**  
**April 27 – 29, 2018**  
**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: 2018 High School Retreat

Location: Heartland Retreat Center

Dates of Activity April 27 – 29, 2018

**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.

**Mass:** I can help transport students to Mass on Saturday evening at 4:00. I can transport \_\_\_\_\_ students in my vehicle