

# High School Students JOIN US!

presencere retreat.com

## WELCOME

- High School students grades 9th - 12th & Adult Chaperones.
- High school students attend with an organized group facilitated by chaperones.

## COST

- See your Group Leader for registration fee and who to make checks to.
- See your Group Leader for deadline for registration.

## WHERE

- Sherman Lake YMCA, 6225 N 39th St, Augusta, MI 49012
- Guys sleep at St. Ann Catholic Church, 12649 E D Ave. Augusta, MI 49012
- Busses are provided to transport guys to and from St. Ann Church.
- Address for YMCA is for mapping/direction purposes only. Any questions or comments are to be directed to The Presence Committee - thepresencekalamazoo@gmail.com.
- Please do NOT call the YMCA with questions in regards to the retreat. Do NOT mail forms to the YMCA.

## WHEN

- 7:00 pm, Friday, February 22 through 1:00 pm, Sunday, February 24.
- All students and chaperones are required to stay on the premises the entire retreat.
- Students cannot leave the premises and reenter under any circumstances.
- Chaperones are required to stay with students the entire retreat, 7:00 pm Friday - 1:00 pm, Sunday. All day and all night.
- No late arrivals such as; planning to arrive at 10:00 pm or arrive during the day on Saturday. Participants cannot leave to attend another obligation and come back.

## MEALS

- Snack served at 10:00 pm Friday.
- All Saturday meals will be provided.
- Breakfast served Sunday.
- Please list on the Medical Form any dietary requirements.

## CLOSING MASS

- Sunday - 11:00 am
- **Parents and families welcome!**

## SLEEP AREAS

- Every group is required to have a chaperone(s) of the same gender.
- Girls sleep at the YMCA in bunks/cabins. Bring bedding but NO cots or air mattress for females.
- Boys will be transported to the St. Ann Church and sleep on the gym floor.
- Gentleman bedding is NOT provided. Gentleman should bring an air mattress (don't forget batteries) or a cot.

## SHOWERS

- Girls have a full bathroom and shower in the bunkhouse.
- Boys will use the Boys Shower House at the YMCA and will have access in the morning for showers.
- Boys will be sleep at St. Ann Church and will have access to restrooms but there are no showers at that facility.
- Suggesting boys bring a small bag or cinch sack for toiletries & clothing for shower. Once students return to YMCA for showers they will not be able to get back to the St. Ann Church

## PACKING LIST

- Sleeping bag
- Pillow
- BOYS ONLY Air mattress, batteries and pump or cot
- Towel
- Toiletries
- Cinch Sack
- Comfortable change of clothes
- Kneeler pad/bleacher seat cushions
- Rosary
- Bathing suit for showers
- Band will have items for sale and possible mini book store \$.
- All medications must be carried by the Group Leader or Chaperone.

## ATTIRE

- Please dress comfortably with indoor attire.
- **NEW** Bring a coat! We will be going outside during transitions.
- In general, we ask that participants dress in accordance with a general sense of Christian decency.
- No spaghetti straps, short shorts or short skirts please

## CELL PHONES

- Cell Phones or any other electronic devices are not allowed while program activities are in session.
- Devices will be confiscated and returned at the end of the weekend if used during sessions.
- The Presence is not responsible for any lost items.

## MEDICATIONS

- Chaperone's are responsible to dispense medication to their students.
- Contact your Group Leader for appropriate policies, procedures and forms regarding any medications students will need during The Presence Retreat. This includes prescription and over the counter medications.
- According to Diocesan Policy students may not transport or carry medication their own.

# Student Registration Form

Presencetreat.com | February 22 - 24



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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male: \_\_\_\_\_ or Female: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

T-Shirt Size (select one): \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ XL \_\_\_\_\_ XXL

Special Dietary Needs: \_\_\_\_\_

Parent's Name (First & Last): \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name and Phone #:

\_\_\_\_\_

List current allergies, medical conditions and medications:

\_\_\_\_\_

\_\_\_\_\_

I hereby consent to participation by my child, in The Presence Retreat. In consideration of my child being allowed to participate in this retreat, I hereby agree on behalf of myself and my child, to release Sherman Lake YMCA, St. Ann Catholic Church Augusta and The Roman Catholic Diocese of Kalamazoo, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in The Presence Retreat. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in The Presence Retreat. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

The participant agrees not to transmit, distribute, or sell (or aid in transmitting, distributing, or selling) any description, account, picture, video, audio or other form of reproduction of this event (in whole or in part). The participant grants permission to The Presence and the Diocese of Kalamazoo to publish photos of my son/daughter on the conference website or conference publications for the sole purpose of communicating the activities and programs of the diocese. I understand that only my child's first name will be used if captions are listed with photos.

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me. I further authorize the person who presents the minor to sign the Acknowledgement of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility. This authorization is completed and signed of my own free will with the purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

# Sherman Lake YMCA Outdoor Center

## Activity Release Form for Minors Participating in Program Activities



Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_

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

Home phone# \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**PLEASE READ:** This form is intended to remind participants of the seriousness of attempting adventure activities with an old, preexisting injury, a heart condition or other condition which may be aggravated by the event.

### **QUESTIONS:**

1. Any preexisting injuries (ankles, knees, back, neck, etc) which may be aggravated by participating? Yes No
2. Are you currently taking any medications? Yes No
3. Any heart condition or heart medications? Yes No
4. Do you have high blood pressure? Yes No
5. Do you have any allergies (food, bees, insects) or reactions to any medications? Yes No
6. Do you have any physical limitations? Yes No
7. Current level of activity at home? Low Med High

**If you answered YES to any of these questions, please discuss them with your leader or comment below:**

\_\_\_\_\_

### **RELEASE OF LIABILITY AND AUTHORIZATION FOR TREATMENT**

I hereby grant permission for me or my child to participate in the Wall, Rafters, Tower, Spaghetti Course, Courage Course, or any other activity at the Sherman Lake YMCA Outdoor Center. Any health concerns or considerations that I have are listed above. I hereby give permission to the medical personnel selected by camp staff to order x-rays, routine tests, treatment and necessary transportation for my child or me. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by camp staff to secure and administer treatment, including hospitalization. In consideration for being allowed to participate in the YMCA's programs, I agree to assume the risk of such activities and program, and I further agree to hold harmless the YMCA and its' staff members conducting the activities from any and all claims, suits, losses or related causes of action for damages, including but not limited to such claims that may result from injury or death, accident or otherwise during or arising in any way from the activities. The YMCA is not responsible for lost, stolen, or damaged personal articles. I also authorize the YMCA to have and use photographs, slides, or videotapes of me, my child or family as may be needed for public relations programs. I acknowledge that this General Release of Liability of the YMCA is binding on me personally and on my heirs, personal representatives, successors, and assigns.

Signature of adult, parent or guardian of participant under the age of 18 years:

\_\_\_\_\_ Date: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

# Code of Conduct



So that The Presence can provide the best possible retreat experience for all participants, we require that everyone adheres to the following Code of Conduct. Failure to abide by any of the following policies may result in you being BV'd (this stands for "Bon Voyage").

- Be on time for all scheduled actives. Hey, we don't want you to miss anything!
- It is very important that you get the rest you need, abide by the lights out time in sleep areas.
- No illegal drugs, alcohol, or tobacco products.
- Over the counter meds and prescriptions need to be turned in to your Group Leader.
- No fireworks, lighters, flames or fire.
- No weapons.
- No pornography.
- No fighting.
- No profanity.
- Your Chaperone must know where you are at all times.
- No participant is allowed to leave the premises without an adult's supervision.
- No skateboards.
- No cell phones while program activities are in session.
- Report all illnesses to your Chaperone.
- Commit to maintaining a positive attitude. Don't worry, be happy!
- No romance or pairing off at any time.
- If you are in a dating relationship, be sure to read Theology of the Body for Teens, and put your relationship on hold for the retreat.
- No romantic physical contact. No holding hands. No extended hugs.
- No guy and girl praying alone.
- No guy's in female bunkhouses.
- No girl's in male shower house.
- Each Group will be responsible for any damage done to the facilities; retreat site, sleep areas and buses.
- Sleep areas must be kept clean and orderly.
- No beverage except water is allowed in the sleep area.

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Parent Signature

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Student Signature