

# **REFLECTIONS RETREAT**

## **September 9<sup>th</sup>-11<sup>th</sup>**

**DATE:** **Friday, September 9<sup>th</sup> 2022** leave the St. Raphael parking lot at 6:00pm (Please have your son/daughter eat dinner before arriving!!)

Return to St. Raphael parking lot on **Sunday, September 11<sup>th</sup> 2022**, at approximately 5:30pm.

**In order for the teens to benefit from the experience, they will be required to attend the ENTIRE retreat.**

**WHERE:** Dickson Valley Camp in Sandwich, IL  
Emergency phone number: (630) 553-6233  
Chris Traub's cell phone: (630) 263-8638, feel free to text!

**Transportation will be provided by bus service.**

**COST:** **\$175.00-Checks** can be made out to St. Raphael Church or pay **online** via our website by clicking on the Make a Donation or Payment link. Be sure to select YFF Fees under the Gift Information dropdown menu.

**WHAT TO BRING:** Comfortable clothes (dress for the weather – there are both indoor and outdoor activities), thick socks and/or slippers, sleeping bag/sheets and blanket, pillow, toiletries (including towel), and a pair of gym shoes for activities/games. ***Please label personal belongings.***

**DO NOT BRING:** AirPods, gaming devices, laptops, tobacco, vaping devices, weapons, drugs or alcohol. Your teen may bring their cell phone to use in an emergency, but we expect them to keep it in their room or off at all times. We don't want to see it!

Registration is considered complete once we have received the form and payment. This retreat fulfills the weekend retreat requirement for Confirmation. When you submit your completed registration form and fee, you may assume your teen is registered. About 4-6 weeks before the retreat you'll receive an email from our office with more specific details and information about the retreat. We will contact you if the retreat is full. If you have any questions please call the Youth Ministry office at 630-615-7614.

*Matthew 16:24*

*Then Jesus said to His disciples, "Whoever wishes to come after me must deny himself, take up his cross, and follow me."*

# PERMISSION FORM FOR REFLECTIONS RETREAT 2022

I hereby request and give permission for:

NAME: \_\_\_\_\_ NICKNAME \_\_\_\_\_

MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ T SHIRT S M L XL XXL

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

To participate in the REFLECTION RETREAT to be held at Dickson Valley Camp in Sandwich, IL on:  
**September 9<sup>th</sup>-11<sup>th</sup> 2022**

### Videotaping & Still Photographs

Video and still photos may be taken during this event. Event registration constitutes permission for possible participation in the videotape and/or still photographs. These may be used for future promotional efforts, including the Diocese of Joliet and the St. Raphael Catholic Church websites.

### Code of Behavior

You are representing Youth Ministry in our diocese during this event and we expect you will represent us well. We expect that you will display a mature and responsible behavior that for many years has been the trademark of Catholic youth and adults of our diocese.

Some Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language, behavior, and bullying will not be tolerated.
3. Socializing should always be done in public areas.
4. Destruction or vandalism of buses or retreat property will not be tolerated.
5. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
6. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug by an individual is not permitted.
7. Smoking, vaping, or any tobacco products are not permitted.
8. Weapons and/or drug paraphernalia are not allowed.
9. **If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.**
10. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

*I understand and agree to this Behavior code. I also understand and agree that at the time of an infraction requiring my dismissal, my parent or guardian will be notified and will be responsible for my removal from the premises and at any cost involved. Dismissal from the retreat could result in a delay of receiving the sacrament of confirmation until other requirements are met.*

Teen Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT/GUARDIAN: I hereby release and indemnify St. Raphael Parish, Naperville IL, its staff and volunteers and the Joliet Diocese, its staff and volunteers, from any and all liability arising from claims of any kind or nature whatsoever from my teen's participation in this event. I understand that any infractions of the rules may result in immediate dismissal from the event and I will be responsible for any costs or other requirements for immediate transportation home.

I grant permission for the administration of first aid to \_\_\_\_\_  
(name of youth)

by the people in charge of the retreat and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that every effort will be made to contact the parents/guardian of the participant. In the event I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery, if deemed necessary.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

P/G Cell Phone (\_\_\_\_) \_\_\_\_\_ P/G Cell Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name and Email: \_\_\_\_\_

INSURANCE INFORMATION: Policy in the name of: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

ID# Number: \_\_\_\_\_

Authorized Physician's Name: \_\_\_\_\_

Physician's phone number: (\_\_\_\_) \_\_\_\_\_

Allergic to Medication? \_\_\_\_\_ If yes, what? \_\_\_\_\_

**Any special medical conditions/dietary needs to be aware of?**

\_\_\_\_\_

Please list any medication(s) which will need to be administered to your child:

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**PLEASE RETURN THIS PERMISSION FORM AND THE RETREAT FEE OF \$175 TO THE YOUTH FAITH FORMATION OFFICE. DEADLINE FOR RETREAT REGISTRATION IS THURSDAY, SEPTEMBER 1<sup>ST</sup>, 2022.**