

# MYSTERY TRIP

## A Confirmation Retreat

Hosted by St. Mary's

This retreat remains a mystery! *Are you brave enough to simply trust?*



November 1, 2018

For Confirmation Students

Retreat begins with  
7:00 a.m. Mass at St. Mary's Church  
Ends approx 6:30 p.m.

Dress is casual

Meals provided

Cost \$30 per person



*No one knows where this adventure will lead!*

Take a chance –  
sign up today!

To register, submit attached forms and payment to confirmation teacher by 10-17-18

## Parental/Guardian Consent Form & Liability Waiver

Participant's name \_\_\_\_\_

Birth date \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Home/Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my youth, \_\_\_\_\_, ,  
Parent or guardian's name Youth's name

to participate in this youth ministry event that is located away from the parish/school site. This activity will take place under the guidance and direction of parish ministers and/or volunteers from the parish. A brief description of the event follows:

<b>Name of Event:</b>	Mystery Trip
<b>Purpose of Event:</b>	Confirmation Retreat
<b>Location:</b>	IT'S A MYSTERY!
<b>Date and Time of event:</b>	November 1, 2018; 7:00 a.m. – approximately 6:30 p.m.
<b>Transportation:</b>	Charter Bus
<b>Cost:</b>	\$30 per participant

As parent and/or guardian, I remain legally responsible for any personal actions taken by the above named child. I agree on behalf of myself and the child named above to hereby release, forever discharge and hold harmless, indemnify, and defend the Archdiocese of Omaha, and its parishes, all Mystery Trip host sites and representatives of those entities from any and all liability, claims, demands, lawsuits and expenses of any kind arising from any illness or injury incurred by or caused by the child named above while attending the event or in connection therewith.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photo Release:** Pictures of my child taken during the event may be used in print or electronic media for the purposes of publicity, unless I email Lisa Hunke, ([lcthunke@msn.com](mailto:lcthunke@msn.com)) and indicate that I do not consent.

# Medical Information

**Participant Name** \_\_\_\_\_

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Health Plan Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

\_\_\_\_\_  
**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Check one of the following:**

\_\_\_\_\_ No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

\_\_\_\_\_ I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Specific Medical Information:** The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.) \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization \_\_\_\_\_

Does the child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Has the child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? If so, date and disease/condition \_\_\_\_\_

You should be aware of these special medical conditions of my child \_\_\_\_\_

\_\_\_\_\_

## Youth Code of Conduct

We are happy and excited that you are joining us for the Mystery Trip. The Code of Conduct has been developed as a way of helping participants understand what is expected of them during the event. Please read through the Code carefully, as you will be expected to honor and uphold it throughout your time with us.

- All participants are asked to maintain a positive attitude and an openness to the activities during the trip.
- The parish coordinators and chaperones maintain primary responsibility for the actions of their team members. The families of participants assume responsibility for any damage to the facilities.
- Participants are expected to attend all sessions and activities. Lanyards should be worn during the entirety of the program.
- Participants may bring a cell phone, but chaperones will hold phones until Mystery Trip is over. Cell phones will only be used to notify parents of delays or emergencies.
- The dress code is casual and modest i.e. jeans, shirts/t-shirts and tennis shoes. No cutoffs or short-shorts, low riding pants, tank tops, belly-shirts, sport bras, or t-shirts with suggestive or violent language, advertising tobacco or alcohol.
- Christ-like behavior is expected at all times. Respect for individuals, leadership and the facility is required. Teasing, harassment (this includes bullying), sexual jokes, inappropriate displays of affection, and other demeaning behavior are considered inappropriate and will not be tolerated.
- Tobacco products, alcohol, drugs and guns/weapons are strictly prohibited and will result in immediate dismissal from the program if found in the possession of a participant.
- Major infractions of this Code of Conduct and other inappropriate behavior will result in immediate dismissal from the program.

**Parent or Guardian:** I agree that my child shall abide by the rules and regulations outlined in the Mystery Trip Code of Conduct. I have reviewed and discussed the Code with my child prior to signing this form. I agree that if my child fails to consistently abide by the Code or engages in a serious infraction of the Code, he or she may be immediately dismissed from the Mystery Trip and sent home at my expense..

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

**Youth Participant:** I understand and agree to the Mystery Trip Code of Conduct, I also understand that my parent(s) or guardian will be notified at the time of any infractions requiring my dismissal from the trip and that I will be sent home at my own or their expense. (Your signature must appear below in order to participate in the trip.)

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_