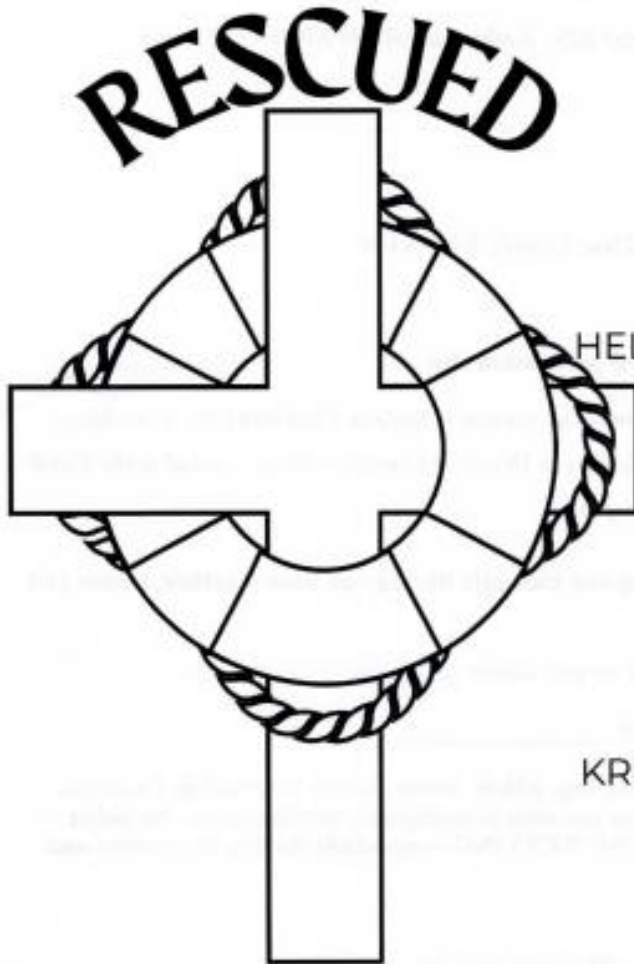


YOUTH 2 YOUTH RETREAT WEEKEND

XXXXXXXXXXXXXXXXXXXX APRIL 20-21, 2024 XXXXXXXXXXXXXXXXXXXX



COST: \$70*

INCLUDES ALL MEALS & LODGING
HELD AT CAMP ROTARY IN CLARE, MI

DRIVERS NEEDED!

QUESTIONS:

KRISTYN RUSSELL

KRISTYNR@BLESSED-MIDLAND.ORG

*SCHOLARSHIPS AVAILABLE

XXXXXXXXXXXXXXXXXXXX



SCAN THE QR CODE
TO REGISTER ONLINE

XXXXXXXXXXXXXXXXXXXX

Youth to Youth Retreat 2024

DESTINATION: Camp Rotary; 3201 S. Clare Ave; Clare, MI Phone: 989-386-7943

DATE & TIME OF EVENT: 9:00 a.m. Saturday, April 20 through 4:00 p.m. Sunday, April 21, 2024

Meet: Blessed Sacrament Parish parking lot on Saturday, April 20, 2024 at 9AM

Return Blessed Sacrament Parish parking lot Sunday, April 21, 2024 at 4PM

DESIGNATED SUPERVISORS: Kristyn Russell 835-6777 ext 229, Kathy Russell 989-600-1112 (cell)

Emergency numbers: Kristyn 989-600-1114 (cell)

Kathy Russell 989-600-1112 (cell)

Camp Rotary (989) 386-7943

CHAPERONES: Derek Haddad, Dave Pasek, Renee Urlaub, Dave Urlaub, Kim White

METHOD OF TRANSPORTATION: Carpool

DRIVERS NEEDED: please sign up to help on the attached permission slip

(Please note: The minimum acceptable liability limits for a privately owned vehicle is \$500,000 CSL [Combined Single Limit] or an Umbrella Policy. Drivers must fill out a Volunteer Driver Information Sheet located in the Faith Formation Office and have both sides of your drivers license copied.)

Adult Chaperones : If you can spare some time to help keep our kids safe during our time together, please call Kristyn Russell

COST: \$70.00 — Make checks payable to *Blessed Sacrament* or pay online: <https://bit.ly/v2ypayment>

Please mark payment method: Check: _____ Online: _____

ADDITIONAL ITEMS NEEDED FOR ACTIVITY: A sleeping bag, pillow, warm clothes for evening, flashlight, towel, washcloth, soap and any other personal care products you use such as toothpaste, toothbrush etc. **No poker chips. Cell phones are okay—for emergency use ONLY... NO TEXTING—especially during the retreat and during “lights out” time.**

Also, please bring the following to share:

9th Graders Last Name A-L - one dozen cookies

9th Graders Last Name M-Z - one 2-liter of Pop

10th Graders - bag of potato chips, nacho chips or pretzels

11th Graders - fresh fruit (oranges, apples etc)

12th Graders - fruit juice 64 oz.

DEADLINE: Wednesday, March 20, 2024

Keep this flyer for your own information and return the attached permission form and payment to the Blessed

Sacrament Faith Formation Office.

Youth Ministry Event: Youth to Youth Retreat 2024

DESTINATION: Camp Rotary; 3201 S. Clare Ave; Clare, MI
DATE & TIME OF EVENT: 9:00 a.m. Saturday, April 20 through 4:00 p.m. Sunday, April 21, 2024
DESIGNATED SUPERVISOR OF ACTIVITY: Kristyn Russell & Kathy Russell
CHAPERONES: Derek Haddad, Dave Pasek, Renee Urlaub, Dave Urlaub, Kim White
METHOD OF TRANSPORTATION: Carpool

DRIVERS & CHAPERONES NEEDED: PLEASE SEE AND FILL OUT REVERSE SIDE

I, the parent of: (name) _____ (grade) _____
request that Midland Area Churches allow my son/daughter age _____, to participate in the activity described above. I give permission for my child to participate in said trip. In consideration for my son's/daughter's participation, I hereby release, save harmless and indemnify the Midland Area Catholic Churches, its employees, volunteers, agents and any sponsors or benefactors of said trip from any and all liability from any and all injury. I understand that my son/daughter will be under the supervision of the designated supervisor and chaperons on the stated dates and that all parish rules listed below will be in effect. I understand and agree that, if my son/daughter violates a parish rule, he/she will be sent home. My home Catholic parish is: _____

I am not a member of a Midland Area Catholic Church, but my son/daughter is friends with: _____

MEDICAL: In case medical treatment is necessary and the parents or guardian cannot be located, the following authorization is needed, I (We) authorize the adult advisor in charge to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the state of Michigan.

Allergies: _____

Chronic diseases or medical problems: _____

Medicines son/daughter is now taking: _____

Medicines that need to be dispensed during this activity must be given to the designated supervisor in its original container with directions and dosage.

Medical Insurance Carrier: _____ Policy/Contract Number: _____

Family Physician: _____ Phone: _____

PARENT (GUARDIAN) NAME (please print): _____

PARENT (GUARDIAN) SIGNATURE: _____

ADDRESS: _____ ZIP: _____

PHONE: (home) _____ (work) _____ (cell) _____

EMAIL: _____

(EMERGENCY) _____

MEDIA RELEASE: During the course of the retreat we will be taking photographs and/or video for use by Midland Catholic Churches to highlight current events in the following ways: bulletin, website, PowerPoint slideshows. Please indicate YES we have permission for photo/video capturing or NO we do not have permission by initialing on the correct line.

YES _____ NO _____

PARISH EVENT AGREEMENT: Coupling, swearing, smoking, drinking, gambling, possession of alcohol, drugs, or firearms are **NOT** permitted at our church youth functions. Any youth found in violation of these rules will have their parents called and will be sent home.

SIGNED (Teen): _____ DATE: _____

Cell # (teen), if applicable: _____

Invited by (if applicable): _____

DRIVERS AND CHAPERONES:

We need a number of volunteers to help us get youth to and from retreat... but also to be in the cabins at all times during the retreat. This retreat grow in numbers every year – we consistently strive to keep the environment safe. Below is your opportunity to sign up and help!!

DRIVERS:

NAME: _____

Email: _____ Phone: _____

Attended Virtus? YES NO (overnight chaperones MUST have this)

I can help with:

driving only TO driving only BACK chaperoning (see below)
(9am Saturday) (3pm Sunday)

I can take youth (and luggage)

Year/Make _____ License Plate# _____ Expires _____

Insurance company: _____ Policy # _____ Expires _____

*The minimum acceptable liability limit for privately owned vehicles is \$500,000 CSL

I certify that the information given on this form is true and correct to the best of my knowledge. I certify that as a volunteer driver, I hold a valid driver's license and have the required insurance coverage in effect on this vehicle. The undersigned driver agrees to indemnify, hold harmless and defend the Midland Area Catholic Churches together with their employees, agents and representatives from any and all claims for damage to a person or property caused in part or wholly by the undersigned.

Signed: _____

Date: _____

CHAPERONES:

I am willing to volunteer for the following hours to chaperone:

Saturday: 10am-2pm 2pm-6pm 6pm-8am (overnight)

Sunday: 8am-12pm 12pm-3:30pm

Some chaperones will be asked to be in the cabins. (In most cabins, wifi is available.) The idea with this is so that youth cannot go to the cabins to be alone with one another. This includes the times during Mass and reconciliation (so you would not be able to attend during retreat). Some chaperones will be asked to walk the grounds. We are also asking that chaperones bring their own meals if needed.



Camp Rotary
Outdoor Education & Conference Center
 3201 S. Clare Avenue - Clare, MI 48617-9756
 (989) 386-7943(989) 386-3193 FAX
 www.michiganscouting.org



**NON-SCOUTING RELEASE AND INDEMNITY/
 HOLD-HARMLESS AGREEMENT**

I understand that the use of facilities at Camp Rotary, a camp or camp property owned or operated by Michigan Crossroads Council, Inc. Boy Scouts of America or one of its subsidiary councils (collectively, the "MCC"), and the conduct of activities at Camp Rotary are strenuous and involve risk (including, without limitation, the risks of serious injury, permanent injury and death).

RELEASE AND INDEMNIFICATION

After careful analysis of the risks involved, and in consideration of the benefits to be derived by the undersigned from the use of, and activities at, Camp Rotary, as well as for other good and valuable consideration (the receipt and sufficiency of all of which are hereby acknowledged), the undersigned hereby:

1. **Waiver of Liability.** To the fullest extent allowed by law, EXPRESSLY WAIVES all claims, causes of action, costs, damages, expenses, losses, liabilities and suits (including, without limitation, any claim, cause of action, demand or assertion of liability under any municipal, state or federal law (including any action under the Americans with Disabilities Act)) against (i) Boy Scouts of America, Inc., (ii) MCC (including, without limitation, Michigan Crossroads Council, Inc. Boy Scouts of America and Lake Huron Area Council, (iii) Saginaw Rotary Club, (iv) Camp Rotary Foundation, and (v) all affiliates, agents, associates, chartered organizations, directors, employees, officers, leaders, members, representatives, servants and volunteers of each of the foregoing (all of the persons and entities described in clauses (i)-(v) being, jointly and severally, the "Indemnified Persons"), on account of any personal injury, property loss, damage, accident, death, injury or illness suffered by the undersigned that arises from, or as a result of, or incidental to, or in connection with, the undersigned's use of, or presence on, Camp Rotary or any services, structures or equipment located in, on or about Camp Rotary (a "Loss") excluding, however, such claims, causes of action, costs, damages, expenses, losses, liabilities and suits arising from the Indemnified Persons gross negligence or willful acts.
2. **Indemnification:** To the fullest extent allowed by law, AGREES TO indemnify and hold harmless the Indemnified Persons, and each of them, and will assume liability for and reimburse the Indemnified Persons, and each of them, for (i) any such Loss, (ii) any claim, cause of action, demand or assertion of liability under any municipal, state or federal law (including any action under the Americans with Disabilities Act) (a "Claim"); and (iii) any loss, liability, claim, damage and expense (including, discovery costs, investigation costs and reasonable attorneys' fees and expenses) suffered or incurred by the Indemnified Persons arising from, or as a result of, or incidental to, or in connection with, any such Loss or Claim excluding, however, such claims, causes of action, costs, damages, expenses, losses, liabilities and suits arising from the Indemnified Persons gross negligence or willful acts.

MCC Camp Property: Camp Rotary – 3201 S. Clare Ave., Clare, MI 48617
 Dates: April 20-21, 2024
 Organization: Blessed Sacrament Parish-Youth to Youth Retreat

 Signature Telephone Number Date

If signatory is less than 18 years of age, this must also be signed by a parent or guardian.

 Parent's Signature Telephone Number Date