

WINTER RETREAT-2018

Dear parents and youth,

Once again it is time for our winter retreat. Over the past several years it has become very apparent that retreats are one of the most influential aspects of our youth program at St. Benedict. They certainly are effective at taking the knowledge of the faith and helping the young people transform that into a living and vibrant faith. This year we have invited **a sister and aspirants from the Missionaries of the Word** and will be heading to St. Therese's Catholic Camp. As the name indicates, retreat should be away from the everyday events, locations and distractions of our lives. This site will be a beautiful and simple place to get away from it all.

This retreat will be led by Sr. Bernadette from the Missionaries of the Word and the St. Benedict Youth Ministry Team. If you would like to learn more about the sisters, please visit their website: <http://www.missionariesoftheword.com/> It is our hope that all young people will attend this experience that will be beneficial for their Confirmation Preparation and beyond.

Who: This retreat fulfills part of the requirements for those preparing for Confirmation and is highly encouraged for all other high school youth.

When: It will begin on Friday, **February 15th at 3:30PM and end on February 17th.** We will be back around 3PM

COST: The cost of retreat is \$85 to cover the food, lodging, the Missionaries of the Word airline tickets, and retreat materials. This is only a portion of what it costs to put on a retreat, if you cannot afford the cost your child can still come on retreat. Just pay what you can afford.

What to bring:

- Sleeping bag/pillow
- Comfortable clothes
- Toiletries- towel, soap, etc.
- Warm clothing for time outside. Boots and gloves will be necessary

AND...

A snack to share

Do not bring any of the following

- Cell phones:** We will provide emergency contact numbers
- Technology– Phones, iPods, Gameboys, etc. **(they will be taken if brought)**
- Alarm clocks (we will get everyone up in plenty of time)
- Valuables
- Homework
- Money
- Alcohol or un-prescribed drugs

parents, please help encourage the no technology policy. Each retreat we spend too much time with people who have brought things they do not need and cause distractions to their neighbor and the retreat process.

*** Parents, please look over the volunteer form and help us with anything you are able.***

Map and directions provided for drivers

Please return all completed forms to Elise by Feb. 12th

If you have any questions please feel free to call Elise Martinez at 273-1541 or email emartinez@stbenedictsak.com.

Winter Retreat Volunteer Form

Our winter retreat will be at St. Therese Camp in Wasilla. It is a great opportunity for our youth to get away from their crazy lives and focus on God and their faith. Going away is essential to this happening but it takes a lot of commitment from our parish to make it happen.

We will depart St. Benedict at 3:30 PM on Friday, Feb. 15th and return to St. Benedict by 3PM on Sunday Feb. 17th

NAME _____ Phone # _____ EMAIL _____

Here is what we need:

Kitchen help—We need to feed between 50 and 70 people.

_____ **Cooks**- spend the weekend and help prepare all the meals. There will be a couple others there to share the duties

_____ **Kitchen helper**— come up for a day and help the cooks prepare meals.

Friday dinner _____, Saturday B ___ L ___ D _____, Sunday _____

_____ **Small group leaders**—help facilitate discussions during retreat with small groups of retreatants. Also, be present to young people while they are on retreat. Ideally, this person will be able to be there for all of retreat.

Cabin chaperones—come enjoy a quiet night sleeping in a cabin with 15 youth. You and another adult will probably be released from a fair amount of purgatory time while you enjoy the benefits of communal living.

Friday night _____ Saturday night _____

Both _____ (I am aware that many Saints have suggested it is better to suffer and sacrifice on earth than it is in purgatory)

Night chaperones- come to camp and chaperone while everyone is supposed to be asleep. Bring a book and enjoy a quiet walk every so often as you make sure youth are where they should be. Beds will be provided for those who want to sleep before or after their shift.

Friday(Sat. morning) _____ 12AM-4AM _____ 4AM-8AM

Saturday(Sun. morning) _____ 12AM-4AM _____ 4AM-8AM

Drivers—drive young people to retreat.

_____ Friday, leaving at 3:30 PM from St. Benedict

_____ Sunday, leaving Catholic Camp at 2PM

Please return to Elise Martinez at St. Benedict by February 11th. This will give us plenty of time to organize retreat and prep our volunteers for their duties. Some paper work may need to be filled out in order for you to participate. Everyone must have safe environment training, go over the Archdiocesan Code of Conduct, and have a current background check.

_____ I am not able to help at this time. Thanks.

One in Christ,

Elise Martinez

emartinez@stbenedictsak.com

273-1541

Emergency Medical Authorization Form for Teens Under 19 (fill out if you have not done so this year)

STUDENT'S NAME _____

BIRTHDAY _____

Purpose: This form enables parents to authorize the provision for emergency treatment for children who become ill or injured while at a youth event. Consent to seek such treatment is granted specifically to official adult representatives and chaperones of St. Benedict, and if needed, to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel.

I relieve St Benedict, the adult leaders, and the Archdiocese of Anchorage from all responsibility and consequences that may arise as the result of this treatment.

I will not hold the chaperones, or representatives associated with the event responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

TO GRANT CONSENT

NAME OF PARENT OR
GUARDIAN _____

HOME
ADDRESS _____

HOME TELEPHONE NUMBER _____

FATHER'S WORK PLACE _____ PHONE # _____

MOTHER'S WORK PLACE _____ PHONE # _____

REGULAR PHYSICIAN _____ PHONE # _____

In the event that reasonable attempts to contact the above named have been unsuccessful, I hereby give my consent for any treatment deemed necessary for my child named on this form by medical personnel at the nearest medical facility.

SIGNATURE OF PARENT OR GUARDIAN _____

DATE _____

FAMILY INSURANCE COMPANY _____

POLICY # _____

If the parents cannot be reached, the alternate person to notify in the event of injury or illness is:

ALTERNATE CONTACT PERSON _____ PHONE

STUDENT'S MOST RECENT MEDICAL HISTORY:

ALLERGIES _____

MEDICATION BEING TAKEN _____

PHYSICAL IMPAIRMENTS _____

VACCINATIONS OR BOOSTER SHOTS *IN THE PAST YEAR* _____

SERIOUS ILLNESS OR ACCIDENTS *IN THE PAST YEAR* _____

OTHER PERTINENT INFORMATION

PARENT/GUARDIAN PERMISSION / RELEASE:

My Student _____ (print name of student) will be attending Retreat.

Name of parent/legal guardian (please print): _____

Address: _____

I consent to any transportation, emergency transportation, medical treatment, care or hospitalization deemed necessary for the welfare of Student by a licensed physician, dentist, qualified nurse, or hospital in the event of injury or illness while Student is participating in the above stated activity. I understand that St. Benedict Parish will assume no liability or costs for such emergency transportation and medical treatment. I also understand that St. Benedict Parish may not carry accident medical insurance for certain incidents and that insurance coverage is my responsibility.

I acknowledge that this activity entails known and/or unknown and unanticipated risks which could result in physical and/or emotional injury, paralysis or death, as well as damage to property, or to third parties. I agree to hold and save harmless St. Benedict Parish, its Employees, and assigns for any claims, suits, or damages (including but not limited to defense and indemnification) which might result from my Student participation in the above-described event/activity.

I certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity. I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, and/or administer emergency care to the above named Student. I understand every effort will be made to contact me at the phone number provided below to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the person managing the Student situation to obtain emergency care for Student, neither she/he nor St. Benedict Parish assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. I understand that I am responsible for any and all costs associated with an unforeseen costs, accident, and/or injury.

In the event of an emergency, I wish the following person to be notified:

Name: _____

Phone Number: _____

Signature of Parent or Guardian _____

Please return all completed forms to Elise by Feb. 12th.

If you have any questions please feel free to call Elise Martinez at 907-273-1541 or email emartinez@stbenedictsak.com

St. Benedict YOUTH CODE OF CONDUCT

PRINT NAME CLEARLY: _____

I will respect adult leaders and other participants and demonstrate Christian values by my language and behavior. . I will not leave an event, unless my adult leader grants permission.

These behaviors include the following:

1. Forbidden items

I agree not to possess any drugs, tobacco, alcohol, fireworks, matches, cigarette lighters, knives, or items that would endanger people, pets, wildlife, or property or are illegal.

2. Appropriate Dress

All participants are expected to dress in a fashion that represents modesty and good taste, respecting other participants and our Lord.

Clothing must cover all undergarments and midriffs. Shoulders should be covered and collars should be within 2 inches of the collar bone. Shorts and dresses should come within two inches of the knee. Males must wear shirts in public at all times.

3. Entertainment—Media that is not acceptable in a Christian environment is not allowed.

a. Movies used during activities should be rated A-1 by the USCCB. Here is the explanation.

These movies have been evaluated for artistic merit and moral suitability by the media reviewing division of Catholic News Service. The reviews include the CNS rating, the Motion Picture Association of America rating, and a brief synopsis of the movie. Acceptable classifications are as follows: A-1 -- general patronage; movies with other ratings must be approved by parish or school staff.

b. music- music both public and private should be good for the soul.

c. reading material- magazine and books should also be good for the soul.

4. Lights Out

a. All youth and must be in their sleeping facilities by the established time. Everyone is expected to stay in their sleeping facilities from lights out until morning wake up. Visits to the bathroom, of course, are acceptable.

b. An atmosphere of quiet and respect is expected following the lights out time. Teens – and adults – *must* get enough sleep to ensure proper participation in the activities.

5. Cell phone use and other technology

All technology, except cameras, is discouraged on trips. They are an obstacle for community building. If permission is granted to use technology, they may not be used to view or listen to immoral content.

6. Display of Affection:

All youth shall refrain from inappropriate displays of affection such as kissing, prolonged embracing, or other body contact inappropriate to a church environment. Physical contact should be kept to a minimum. Even holding hands sends a message to everyone else that you are not interested in interacting with the community. I will act as a lady or gentleman and refrain from any sexual misconduct.

7. Inappropriate Language:

No participant should use inappropriate language at any church/school event. This not only includes what is commonly accepted as vulgar language, but also will include abusive language directed at another individual.

8. Violent Behavior: Violent behavior and/or possession of any type of weapon will not be tolerated. Any act of striking, kicking, or attacking another individual will be cause for removal from the group and having a parent pick up the offending youth. Repeated offenses will result in the youth not being permitted to participate in youth activities

Property Damage: Any participant who damages or destroys property willfully will be responsible for the cost of repair/replacement. I understand that neither vandalism nor stealing will be tolerated. Financial obligations that result from such behavior will be the sole responsibility of myself and my family.

9. Transportation of youth

When travelling to off-site activities, youth must travel with an approved adult. Seatbelts are required.

I understand the need to agree to the above items. I realize and agree that if I do not abide by these rules, I may lose the privilege of attending a scheduled activity, or may be sent home at the discretion of the adult leader. I will be responsible for all consequences of my behavior.

I, as a participant agree to abide by these guidelines.

_____ Signature _____ date

I, as the parent/guardian of this participant, agree to these guidelines for my teen.

_____ Signature _____ date