

Confirmation 2 Retreat 2020

Friday, March 20, 2020 – Sunday, March 22, 2020

Alpine Camp and Conference Center

415 Club House Drive, Blue Jay, CA 92317

Emergency Contact #: Jackie Gray Cell 714-334-8671

Details:

- Parents will meet for pre-parent retreat meeting on Tuesday, March 10 from 7pm-8:30pm
- All teens are required to meet outside of the **MINISTRY OFFICE by 4 p.m. SHARP** on Friday, March 20th. (We will be prepared to check in teens as early as 3:45pm if your schedule permits you can come by then.) The check-in process for a group of our size requires ample preparation time, please show up on time!
- The buses will make every effort to leave by **4:45pm on Friday**. If you have a scheduling problem, please let us know immediately so arrangements can be made in advance.
- Bring a **MEATLESS** sack dinner to eat on the bus ride!
- We will have already attended Mass while on the retreat, and we are aiming to return between 1:00pm and 1:30pm on Sunday, depending on traffic. Parents, please be prepared to receive a REMIND message of our ETA. Join the C2 group if you have not done so already.
 - Text the number 81010 with the message @62bgb4
- Teens are required to attend the entire 3-day retreat, if you cannot attend contact our office ASAP.

Paperwork and payments:

- Paperwork is due by Tuesday, January 14th 2020
- Full payment is due by Tuesday, February 18th, 2020
- There is a payment plan available.
 - 2 payments of \$100
 - 1st payment due 1/14/2020; 2nd payment due 2/18/2020
- A \$20 late fee will be charged if payment is received after February 18th, 2020

Retreat fee: \$200.00 for each Teen

OFFICE OF YOUTH FAITH FORMATION

JACKIE GRAY *Director of Youth Faith Formation*

✉ jgray@stnorbertchurch.org



Teen Packing list

Please bring the following things:

1. Only one suitcase: make sure it has your name on it, written in Sharpie on Duct Tape
2. Sleeping bag [fitted twin bed sheet is optional]
 - a. Extra blanket
 - b. Pillow... roll up your sleeping bag and pillow together, stuff them into a plastic garbage bag and label it with your name on a piece of masking tape
3. Personal items
 - a. bath towel, toothbrush, toothpaste, hairbrush, soap, shampoo, facewash, deodorant
4. Three days-worth of **seasonal clothes**
 - b. a good jacket or sweatshirt
 - c. warm pants, long sleeve shirt, sweatshirts/ hoodie, t-shirts, leggings
 - d. undergarments
5. Tennis and/or hiking shoes – no sandals or open-toe shoes (Toms are fine)
6. Reusable water bottle
7. Medication in its original bottle (to be given to Retreat nurse at Friday check-in)
8. A good and loving attitude with an open mind and heart!

Don't Bring:

- Your cell phone (or any other smart device, iPods, electronics, AirPods, video games, etc.)
- Alcohol/ Drugs of ANY kind
- Cigarettes, lighters, vaporizers, matches, chewing tobacco, gum, candy
- Weapons of any sort
- Bullying of any kind will not be tolerated
- Homework, books or magazines
- Sandals or other open-toe shoes
- Anything that might distract you or those around you from the retreat experience
- Anything that might keep you or those around you from having a great time
- Anything that might drive the retreat team NUTS!

****No bedding or pillows will be provided. Make sure to send your teen with adequate sleeping items. ****

TEEN'S NAME: _____

TEENS T-SHIRT SIZE (*in adult sizes*) (*Circle One*): S M L XL XXL

ALLERGIES/ DIETARY RESTRICTIONS: (please list below)

CONFIRMATION 2 RETREAT PAYMENT CHOICE

Retreat Fee: \$200.00 for Confirmation Candidates

Payment Options: (*choose one*) _____ Online Payment [Vanco] _____ Check _____ Cash

Make checks payable to: "**St. Norbert Church,**" with teen's name in memo line.

Payment Plan:

I will make (*choose one*): _____ [1] payment of \$200.00 _____ [2] payments of \$100.00 by Feb. 18, 2020

I, _____ (*parent or guardian name*), agree to pay to the order of St. Norbert Church for the C2 Retreat 2020. I understand I must make two equal payments on or before the dates listed below. I understand a \$20 late fee will be charged if received after this date.

	Amount Due	Due Date
First Payment	\$100.00	Tuesday, January 14, 2020
Second Payment	\$100.00	Tuesday, February 18, 2020

Signature: _____

Date: _____

Payment is due to St. Norbert's Youth Faith Formation Office NO LATER than Tuesday, February 18, 2020. A \$20 late fee will be charged if received after this date.

RETREAT FEES ARE NON-REFUNDABLE.

Parent Volunteerism for C2 Retreat: (optional)

There are many ways that you as parents can help us prepare for the retreat! Please let us know if you are interested or available to help in any way or all of the following ways.

Parent Name: _____

Name of Teen: _____

_____ Yes, I am available to come early on Friday and help with Check-In

(Friday Afternoon around 3pm – to set up for Check-in)

_____ Yes, I'd like to help with shopping and errands for the retreat (in the month prior to retreat)

_____ Yes, I can provide a monetary donation to help provide a partial scholarship for another teen in the program (contact Jackie Gray for more details jgray@stnorbertchurch.org)

_____ Yes, I'd like to help with administrative side of planning the retreat (paperwork, phone calls, etc.)

I can come by the office to help in the: *State general time frame below*

_____ mornings

_____ midday

_____ afternoons



DIOCESE OF ORANGE

MINOR PERMISSION AND LIABILITY RELEASE FORM

ACTIVITY: St. Norbert Youth Ministry C2 Retreat
 DATE & PLACE: Alpine Camp & Conference Center; Fri. March 20th-Sun. March 22nd 2020
 SCHOOL/PARISH: St. Norbert Catholic Church in Orange, CA

STUDENT/MINOR PARTICIPANT'S NAME: _____

DATE OF BIRTH: _____ CHECK ONE: ___ FEMALE ___ MALE

STUDENT'S CELL PHONE: _____

PARENT/GUARDIAN NAME(S): _____

HOME ADDRESS: _____

MOTHER'S HOME/CELL PHONE: _____ FATHER'S HOME/CELL PHONE: _____

EMERGENCY CONTACT

NAME: _____ PHONE: _____ RELATION: _____

MEDICATION *During the above named activity, my child has my permission to take the following:*

Choose at least one:

- My child will be taking a prescription medication.
 Name of medication: _____ Dosage: _____ Times per day: _____
- My child will be taking a non-prescription medication.
 Name of medication: _____ Dosage: _____ Times per day: _____
- My child will not be bringing any medications, but I authorize, if needed, school/parish/diocesan staff to give my child non-prescription, over-the-counter, medications:

Notes:/Allergies/Medical Problems/Special Dietary Requirements: _____

I, _____ grant permission for my child, _____

Parent or Guardian's Name

Child's Name

to participate in this school/parish/diocesan event. This activity will take place under the guidance and direction of school/parish/diocesan employees and/or volunteers from St. Norbert Church

Name of School/Parish

As parent/legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Norbert Church, its officers, directors, employees and agents, and the Diocese of Orange, its

Name of School/Parish

employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Diocese of Orange, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of Orange.

I authorize the making of photographs, motion pictures, video tapes, recordings or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I waive any rights to compensation or any right that I otherwise might have to limit or control such making or use.

I give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

St. Norbert Church

Rules & Code of Conduct for C2 Retreat

Program: St. Norbert Youth Ministry (C2 Retreat)

Location: Alpine Camp and Conference Center

Date: Friday, March 20, 2020 – Sunday, March 22, 2020

I, _____, agree to follow all rules and directions at the stated above event.

(Please initial upon reading each item.)

____ I agree to have a fun and respectful attitude and participate fully in all activities and talks of the day.

____ I agree to follow all rules and directions of the driver and the chaperones.

____ I agree not to bring chewing gum, cigarettes, e-cigarettes, vape, tobacco, cigarette lighters or matches.

____ I agree to respect the other participants that will be attending this training.

____ I agree to stay within the boundaries of the location stated above.

____ I agree not to bring (or turn off/put away) cell phones, video games, newspapers, books, homework, magazines, AirPods, or anything else that would be a distraction.

____ I agree to be back on time from all breaks and free time.

____ I agree to no romance of any form.

____ I agree not to use profane language.

____ I agree not to steal and to respect the property of others.

____ * I agree to no inappropriate sexual behavior.

____ * I agree not to bring knives, guns, weapons of any kind or the use of anything as a weapon.

____ * I agree not to bring or use alcohol, or drugs of any kind.

____ * I agree not to bring stink-bombs, firecrackers or any other type of explosives.

I understand and agree to these rules and guidelines and I understand that if the Diocesan Leadership Team and/or my Youth Minister believes that my behavior warrants my being asked to leave the event, I will be sent home and my parents will be held responsible for my transportation and financially responsible for any damage that I have caused.

The starred (*) items above warrant an immediate call to Parents and immediate dismissal from the event, as well as possible involvement of legal authority if warranted.

Teen's Signature

Date

Parent's Signature

Date