

St. Simon the Apostle
LUKE 18
TEAM APPLICATION FORM
JANUARY 7-9, 2022
DUE BY FRIDAY, NOVEMBER 5

To be a member of St. Simon's LUKE 18 team involves **commitment**:

1. You must be willing to attend weekly meetings on the following dates:

- November 21** 1-3pm (Meet in LCH)
- November 28** NO MEETING DUE TO THANKSGIVING TRAVEL
- December 5** 1-3pm (Meet in LCH)
- December 12** 1-3pm (Meet in LCH)
- December 19** 1-3pm (Meet in LCH)
- January 2** 9a-6p Workday/Team Mini Retreat (YMR, LCH, CHURCH)
- January 5** 7-8pm Luke 18 Set Up (Not Mandatory, but the more help the better)
 Cori Team will meet in the YMR to practice their special skit

- 2. If you are giving a talk on the retreat, you must type it out and email it to Alex Foerstel by **Monday, December 27** to a4stel@gmail.com Disciples will be presenting their talks on **Sunday, January 2**.
- 3. You must be a practicing Catholic (if non-Catholic, support the teaching of the Roman Catholic Church).
- 4. You must follow the direction of the Retreat Coordinator, Youth Helpers and Young Adult Leaders.
- 5. You must meet the requirements for the position as suggested by the Luke 18 manual.
- 6. You must be willing to follow all health and safety guidelines set forth by the Archdiocese, including wearing a mask during the retreat.

NOTE: The cost for a team member is \$60.00 per person. This is essential. This money is necessary to help cover the costs of putting on a LUKE 18 Retreat.

I agree and commit myself to all the above conditions.

Signature	Date	Amount Enclosed	T-shirt size
-----------	------	-----------------	--------------

You would like to participate as:

_____ Young Adult Support Team (YAST)	_____ Disciple (Grades 10-12)
_____ Cori Team Leader (Seniors ONLY)	_____ Cori Team (Grade 9)

NAME: _____ BIRTH DATE (MMDDYYYY): _____

ADDRESS: _____ City: _____ State: _____ Zip code: _____

HOME PHONE: _____ CELL PHONE: _____

YOUR EMAIL ADDRESS: _____ SCHOOL/OCCUPATION: _____

HAVE YOU BEEN ON A LUKE 18 BEFORE? Y N

WHAT POSITION(S): _____

HAVE YOU GIVEN A TALK ON ANY OTHER RETREAT? Y N

WHICH ONE? _____

WHAT QUALITIES DO YOU THINK YOU HAVE THAT WOULD MAKE YOU A GOOD FIT FOR THIS TEAM?

WRITE A BRIEF PARAGRAPH ABOUT WHERE YOU ARE RIGHT NOW ON YOUR FAITH JOURNEY.
(Ex. What does your relationship with God look like? How do you pray? How often do you pray?)

I authorize my son/daughter to participate on the LUKE 18 retreat weekend at St. Simon the Apostle Church, January 7-9, 2022. I understand that I am responsible for arranging transportation to and from the retreat each night and morning. (MUST BE SIGNED IF UNDER 18 YEARS OF AGE.). I hereby give permission to the Archdiocese of St. Louis/St. Simon to use any photographs or video footage taken of me for the parish bulletin, parish website, St. Simon YM Facebook account, or the St. Simon YM Instagram account for promotional purposes.

Does the team member have any unusual diet requirements, medical history, medication, or severe allergies? If so please specify below:

List medications your child is currently taking (Prescription medication **MUST** have current pharmacy label with name of child, medicine, correct dose and time and doctor's name.) Please send enough medicine to cover doses for this weekend only.

Medication: _____ Dose: _____ Time: _____

Medication: _____ Dose: _____ Time: _____

I want my child _____ to be responsible for taking his/her medication according to their doctor's orders: YES _____ NO _____

If preferred, I authorize the Retreat Coordinator, Alex Foerstel, or adult Youth Helpers, to give my child their medication as prescribed: YES _____ NO _____

PARENT'S SIGNATURE: _____
(MUST BE SIGNED IF UNDER 18 YEARS OF AGE.)

YOUR PARENTS' EMAIL ADDRESS (if under 18 years of age): _____

DATE: _____

**St. Simon Youth Ministry
Health Form – November 1, 2021 through October 31, 2022**

TEEN PARTICIPANT (ONE FORM MUST BE COMPLETED TO KEEP ON FILE)

Information

Event: **ST. SIMON YOUTH MINISTRY EVENTS – November 1, 2021 through October 31, 2022**

Group Leader: Alex Foerstel, Retreat Coordinator St. Simon the Apostle Parish

Participant

Participant's Name _____ M/F _____ Year of H.S. Graduation _____
First Middle Initial Last

Date of Birth _____ E-mail _____

Medical History

PLEASE HAVE YOUR INSURANCE CARD WITH YOU AT ALL TIMES

Allergies: _____

Does your child take prescription medication on a regular basis? ____ Yes ____ No

Can your child be responsible for taking his/her own medication? : ____ Yes ____ No. If "No," please contact _____

Physician Name _____ Physician Phone # _____

Special Needs: _____

Parents/Guardian

First _____ Last _____ Relationship to the child: _____ Parent _____ Guardian _____

Home Address _____ City _____ State _____ Zip _____

Home Phone # (_____) _____ Daytime Phone # (_____) _____

Cell Phone # (_____) _____ Parent E-mail address: _____

Parent Address if different from Participant

First _____ Last _____

Address _____

City _____ State _____ Zip _____ Home Phone # (_____) _____

In the event of an emergency, if you are unable to reach Parents/ Guardian at the above numbers, please contact

Name: _____

Relationship: _____ Telephone: # (_____) _____

St. Simon Youth Ministry
Health Form – November 1, 2021 through October 31, 2022

Agreements

1. As the parent or guardian of _____ (“child”), in signing this form, I hereby state that the information included in this form is correct and give permission for my child to participate in the activity described on the reverse side of this form.
2. I understand that my child will be under the supervision of the St. Simon Youth Ministry volunteers.
3. I hereby give permission for my child to be transported to and from the activity in a vehicle owned by a parish or agency of the Archdiocese of St. Louis or in a private vehicle driven by an adult at least 21 years old.
4. I recognize that there are risks inherent in participation in any activity and agree to hold the Archdiocese of St. Louis, its affiliates and its and their employees, volunteers and agents, harmless from any injury to my child or damage to or loss of personal property of my child not caused by the negligence or misconduct of the Archdiocese of St. Louis, its affiliates and its and their employees, volunteers and agents.
5. In the case of a medical emergency, I understand that every effort will be made to contact me, but in the event that I cannot be reached, I hereby give permission for my child to be evaluated, diagnosed and treated in accordance with standard medical practice by licensed medical personnel.
6. I hereby give permission to the Archdiocese of St. Louis/St. Simon to use any photographs or video footage taken of me in print, on their website, or Social Media sites for promotional purposes.

Parent/Guardian Signature: _____ **Date:** _____

I understand that for all Youth Ministry activities there is a zero tolerance policy for the use of any mood altering chemicals (including alcohol and illegal drugs), foul language, threats or any type of abuse and inappropriate physical contact. I agree to follow this policy.

Parent/Guardian Signature: _____ **Date:** _____

Participant's Signature: _____ **Date:** _____