



St. Michael's Youth Ministry  
20 High St.  
Hudson, MA 01749  
Kate Vizen, Youth Minister

### **Leadership Retreat Weekend Information**

**When:** Sunday July 14<sup>th</sup> – Tuesday July 16<sup>th</sup>, 2013

**Time:** Depart at 3:30 PM on 7/14/13 and Return at 6:00 PM on 7/16/13

**Where:** The Mello's Retreat Center – Jacksonville, VT (about 2 hours north of here – 25 mins over MA state line)

[www.mellosretreatcenter.com](http://www.mellosretreatcenter.com)

**What:** 2 day leadership retreat to build community, find, develop and grow leadership skills, a time to get away and re-connect with God and your peers – All around FUN few days in the beautiful Southern VT Mountains!

**Cost:** \$175 – includes roundtrip transportation, 7 meals, 2 nights lodging, all activities, and retreat program and supplies.

**Who:** Open to all entering 8<sup>th</sup> grade and higher teens and college students

*\*\*Parents are needed to chaperone. Please contact Kate if you are interested in attending with us!\*\**

**How do I sign up?** Fill out the bottom portion of this form and return it with the \$175 cost (check's made payable to "St. Michael's" with "YM LEADERSHIP RETREAT" in the memo line) We will also need the Medical Release and Code of Behavior forms for this trip, which you may fill out and send back in with your payment, or at a later date closer to the trip!

**SIGN UP DEADLINE IS JULY 10<sup>th</sup>!!!**

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#### **Leadership Retreat**

Youth's Name: \_\_\_\_\_ Grade (fall '13) \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_ Yes! Please sign me up for the Leadership Retreat at The Mello's Retreat Center. Enclosed you will find my payment for \$175.

Parent/Guardian's Name: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_ I am interested in joining with you for the retreat as a Parent Chaperone!

**Please return the above form and payment to:**

Kate Vizen, Youth Minister  
St. Michael's Parish  
20 High St  
Hudson, MA 01749

Please contact Kate if you'd like to set up a payment plan instead of a lump sum right now!

## **Details/What to expect**

- ❖ Please arrive in St. Michael's parking lot no later than 3:30 PM on Sunday July 14<sup>th</sup>. Please bring your assigned drinks/snacks with you to pack in the cars.
- ❖ Please have your parents return to pick you up at 6:00 PM on Tuesday July 16<sup>th</sup> in the St. Michael's parking lot.
- ❖ Please pack light (a packing list is enclosed!)
- ❖ Come on the retreat with an open mind and heart – Jesus just might change you!
- ❖ These few days are chock full of fun, faith, friends, and food! Come ready to have a good time and to give 100% - your retreat team will be giving 150%!
- ❖ Each day there will be free time which you can hang out with friends, play games, take a nap and more! We'll have an opportunity to go to the local lake, hike up the trails of the mountain, or just hang around and enjoy the beautiful VT mountain side from the Adirondack chairs on the wrap around porch!
- ❖ Please pack only what's on the packing list – space is limited and it is only 2 nights! Your whole wardrobe is not necessary!
- ❖ Cell phone use is also permitted only during designated free time – you will be asked to have your phones off during talks and group activities. Please note that there is VERY limited cell phone signal at The Mello's... most people do not get a cell signal!
- ❖ NO FOOD OR DRINK IS ALLOWED in the sleeping areas. Please only bring the designated food assigned to share.

**❖ The emergency phone number at the Mello's Retreat Center is:  
802-368-2977.**

## **What to pack**

- Comfy clothes
- Underwear
- Socks
- You might want sneakers for activities or if you want to go explore the mountain trails.
- Medications (both prescription and over-the-counter – adults are unable to give out over the counter meds like Advil, Tylenol, etc.) Please make sure ALL medications you bring with you are listed on your medical release form.
- Shampoo, Conditioner, Toothbrush, toothpaste, soap, face wash, etc.
- Towels for showering
- **Sleeping bag and pillow**
- Bathing suit and towel, sunscreen for afternoon at the lake (modest full pieces for the ladies – or a dark colored t-shirt to wear over your 2 piece)
- Sweatshirt and long pants (it can still get chilly on the mountain at night – even in the summer!
- It can get buggy at night as well in the summer time – you might want to pack some bug spray as well!
- Optional, but you might want – journal, bible, rosary beads

**St. Michael's Parish  
Hudson, MA**

**LEADERSHIP RETREAT**

**July 14 – 16, 2013**

**Parent/Guardian Medical Release and Consent Form**

**We cannot allow anyone to participate in this event without the release form.**

Name of Youth: \_\_\_\_\_ Youth's E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Town: \_\_\_\_\_ Cell phone \_\_\_\_\_

In case of an emergency, please notify \_\_\_\_\_

Emergency phone 1 \_\_\_\_\_ 2 \_\_\_\_\_

Are there any limitations to the activities in which your child can participate?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

I, \_\_\_\_\_, give permission for my son/daughter \_\_\_\_\_ to participate on the **Leadership Retreat at The Mello's Retreat Center in Jacksonville, VT**. I give permission for my daughter/son to be transported in privately owned and/or public vehicles/public transportation to and from St. Michael's Parish to and from the event. I understand that the group may stop off on the way for something to eat.

In case of medical emergency, I understand that every effort will be made to contact the parent(s) and guardians(s) of my child. In the event that I cannot be reached, I give permission for my son/daughter to be evaluated, diagnosed, treated and/or medicated by licensed medical personal. In addition, I give permission for the release of any medical records, which I provided St. Michael's Parish to medical personnel in case of illness.

I hereby release the Roman Catholic Archdiocese of Boston, a Corporation Sole, its agents, servants and employees and all priests incardinated to the Roman Catholic Archdiocese of Boston, in addition to St. Michael's Parish staff and/or volunteers that work with youth ministry, from any and all liabilities for personal property incident to this event and any aforementioned medical care and treatment which is provided.

I have read the foregoing and understand the same.

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

**Medical Information**

Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

IN CASE OF AN EMERGENCY, please notify: \_\_\_\_\_

PHONE: Day \_\_\_\_\_ Evening \_\_\_\_\_

Cellular \_\_\_\_\_ Other \_\_\_\_\_

Relationship to participant \_\_\_\_\_

**EMERGENCY INFORMATION: Family Physician or Clinic:**

Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

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

Policy Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Are there any limitations to the activities in which your child can participate?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Is there anything about your child's health that we should be aware of such as:

\_\_\_\_\_ Diabetes                  \_\_\_\_\_ Fainting Trouble                  \_\_\_\_\_ Epilepsy  
\_\_\_\_\_ Heart Problems                  \_\_\_\_\_ Migraines                  \_\_\_\_\_ Bleeding disorders  
\_\_\_\_\_ Asthma                  \_\_\_\_\_ Severe Allergic Reactions (Bee Sting/**Food**/Other)  
\_\_\_\_\_ Other health issues we should be made aware of \_\_\_\_\_

If any of the above is checked, please submit a statement of how the person has been treated and with what medication(s): \_\_\_\_\_  
\_\_\_\_\_

My child is or maybe allergic to \_\_\_\_\_

My child must take the following medications: (please indicate dosage, frequency, reason for medication, etc) \_\_\_\_\_

**\*PLEASE BE ADVISED, ADULTS CAN'T DISPENSE ANY MEDICATION\***

**Immunization History: Please give dates of last shot.**

Tetanus \_\_\_\_\_ DPT \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Code of Behavior

We are happy and excited that you are joining us for this Leadership Retreat. The Code of Behavior has been developed as a way of helping participants understand what is expected of them during the retreat, and making the faith experience a healthy and meaningful one for all involved. Please read through the Code carefully, as you will be expected to honor and uphold it throughout the weekend.

- The key word for this week is “respect.” First, to respect each other. The church is the one place we come to that everyone should be respected, welcomed, honored and lifted up. Second is to respect the adult leaders. They have given up their time to be with you. The adults focus is your safety and well-being. Last and most importantly – respect your-self these few days. You deserve it!
- Participants are expected to attend all sessions unless explicitly excused by an adult leader.
- Socializing should take place in the designated public areas of the retreat center and grounds. No visiting is allowed in sleeping areas occupied by the opposite sex.
- Each day will be a busy one – making adequate sleep a necessity. Participants must be in their respective rooms at curfew time. The noise level in the sleeping areas should be respected. Scheduled quiet and silent times must be honored. Only the Program Director can alter curfew times or the timing of any other scheduled event. Sneaking out past curfew is grounds to be sent home immediately.
- **Smoking is prohibited.**
- **The purchase, possession or consumption of alcohol or drugs by any participant (youth or adult) will result in police action and immediate dismissal from the program.**
- The adult leaders reserve the right – always in consultation with the parents – to send someone home if they feel that the safety and well-being of a youth is at risk.

**Youth Participant** – I understand and agree to the Code of Behavior. I also understand that my parents will be notified at the time of any infractions requiring my dismissal from the program and that I will be sent home at my own or my parent’s expense.

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

**Parent or Guardian** – I agree that my child shall abide by the rules and regulations outlined in this Code of Behavior. I have reviewed and discussed the Code with my child prior to signing this form. I agree if my child fails to consistently abide by the Code or engages in a serious violation of the Code, he or she may be immediately removed from the weekend and sent home at my expense or I will need to immediately come to get my child.

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