



Where: Discovery Ski Area, Phillipsburg (2 days)

*Go to <https://www.skidiscovery.com/> for trail map and more mountain info.

General Itinerary: We will gather at St John Paul II Church parking lot and leave Bigfork Friday evening, (be at the St JP II by 5 pm) and stay at Holy Family Catholic Church in Anaconda Friday night. Saturday morning we will drive to Discovery Ski Area and ski the whole day. After leaving the ski hill, we return to the church in anaconda and spend several hours at *Fairmont Hot Springs* in the evening. Sunday we will attend Mass and then potentially ski for a good part of the day at Discovery, departing after for Bigfork.

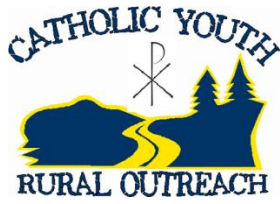
Cost: \$100.00 (includes food, housing, and lift tickets)* Rentals not included. (\$26- Ski/Snow board)

Deadline: Wednesday, February 13th

How do I sign up? Fill out the attached form and return it with the \$100 to one of the CYRO parish Youth ministers **before** the above deadline. **Make sure to put a valid email so that I can send you reminders about important information.** Checks made payable to **CYRO**. *Adult chaperones (Virtus trained) welcome!*

Things to bring:

- Ski or Snowboard Equipment (Skis, poles, boots, snowboard) Warm Winter Gear for skiing
- Sleeping Bag, Sleeping pad/cot, and pillow
- Comfortable and appropriate clothing for casual time
- Toiletries, bathing suit, and towel (for swimming at Fairmont)
- Extra Spending money for snacks or food (whatever you discern to be reasonable)



Ski Retreat Registration

Return form to your youth minister before February 13th

General Information:

Participant's Name _____

Participant's Grade? Circle: **9th** **10th** **11th** **12th**

Participant's Address _____

Participant's Phone(optional) _____

Parent/ Guardian Name _____

Parent/Guardian Phone Number _____

Parent/Guardian Email _____

Ski or Snow Board? Circle: **Ski** **Snow Board**

Do you need to rent equipment? Circle: **Yes** or **No**

Do you have any health conditions we should be aware of?

Do you have any dietary restrictions?

Please Read the back of this registration form and sign where instructed.

Parental Consent and Medical Release Form:

I, the undersigned, hereby grant permission for my son/daughter to attend and participate in Catholic Youth Rural Outreach events/activities during the fiscal year 2018-2019. In case of medical emergency, I understand that every effort will be made to contact me. If necessary, and in the event I cannot be contacted or respond, I hereby grant permission for my son/daughter to be evaluated, diagnosed, and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the Roman Catholic Diocese of Helena of all consequences that may arise as a result of treatment. I will hold harmless and indemnify the Roman Catholic Bishop of Helena, the Diocese of Helena, representatives associated with the Office of Youth and Young Adult Ministry, or representatives associated with Catholic Youth Rural Outreach from any liability in the event of injury. Furthermore, I agree to accept any and all financial responsibility as a result of scheduling treatment for such injuries. My child agrees to abide by all rules and regulations attached to this event. I also understand that if my child violates any of the rules regarding possession or use of alcohol or other drugs, or rules governing personal and private property, my child may be required to leave the activity at my own expense. I understand that the Diocese of Helena and Catholic Youth Rural Outreach will not be held liable if my child fails to cooperate with such regulations.

My child also understands and agrees that fighting, obscene language, and the use and/or possession of tobacco, alcohol, illegal drugs, and weapons of any kind is not acceptable behavior. If my child should be found in such behavior or in possession of and/or using such substances and/or items, he/she also understands that I/we may be notified and that he/she may be sent home at my own expense. C.Y.R.O. Representatives have the authority to prohibit video camera or other forms of image-recording devices, as appropriate to prevent distractions or to protect against violating the privacy of participants. Violation of this policy may result in confiscation of such equipment for the duration of the weekend, and/or dismissal from CYRO activities.

By signing this form I understand that a picture of my child and/or work or projects created by my child (e.g. still pictures, motion pictures, audio recording, video recording, or other reproduction of my child's image) may be published, in accord with the diocesan safe environment and appropriate media use policies, by Catholic Youth Rural Outreach, The Diocese of Helena, or The Foundation for the Diocese of Helena, to advance the mission and purpose of the Catholic Church.

Parent Signature and Date _____

Youth Signature and Date _____

Both signatures must be given for registration to be accepted!!!