



Colombiere Retreat Center
9075 Big Lake Rd
Clarkston, MI 48346
Phone: 248-620-2443

February 3, 2019

Dear Parents,

The overnight retreat is almost here! We will be staying at Colombiere Retreat Center, February 22nd to February 24th. **Please** review the following forms and **return them no later than February 16th**. **Drop off and check in will be Friday from 6:00pm to 6:45pm. Retreat ends with pick up and check out to be Sunday at Noon.** A more detailed schedule will be given to you closer to the retreat.

HOUSING RULES:

1. All rooms will be double occupancy by gender.
2. The male teens rooms are on the third floor and female rooms are on the second floor; no persons of the opposite gender may enter the hallway where the teens are staying.
3. Quiet hours begin at 11:00pm and lights out by 12:00am – be respectful and honor these quiet hours.
4. Use restrooms as designated. All restrooms are communal and will be designated for either male or female. Chaperones will have their own designated restrooms.

GENERAL ITEMS:

1. Teens need to bring change of clothing, **ignite shirts**, toiletries, bible and a rosary. Bedding and towels are provided by the retreat center.
2. We ask if your son/ daughter will bring one pre-packaged snack that can be shared with the group during the retreat.
3. If you need to get in contact with your teen during the retreat contact one of the chaperones listed here.

Male Chaperone

phone

Dcn Dan Medich 248-982-5355
Bill Crantas 586-335-0221
Aaron Decker 248-231-9749
Bob Waldowski 248-736-6218

Female Chaperone

phone

Angela Vogel 248-342-9021
Christine Crantas 248-860-1722
Jenna Crantas 248-464-8776
Sue Waldowski 248-563-5770
Jolie Whiteman 407-463-6814

Code of Conduct:

At the Confirmation retreat in which I participate, I understand and agree to the following: Responsible leadership and character are trademarks of the Catholic youth in the Lansing Diocese. Christ-like behavior is promoted and expected at all Confirmation activities.-- I am asked to project an image of Christian consideration, sensitivity, and respect to all others and to the property around me. -- Disrespect towards peers or event leaders will not be tolerated. -- I will listen when asked or instructed to do something and follow leader directions. -- I am responsible for my own actions and behavior and will assume the natural consequences for any negative behavior or disturbance. -- I will take full responsibility for any damage or theft. -- I will attend all event activities except in the situation of an emergency where an adult leader and/or the center director have been notified, doing my best to be on time arriving at activities, awaking from sleep, and returning from breaks. -- I will not leave the site unless the event leader is informed. -- No alcohol, illegal drugs, or tobacco are allowed. Food and drink are allowed in the dining room only. -- At no time is visiting guest rooms or halls of the opposite sex permitted. -- Inappropriate contact, touch, gesture, language, or activity of a sexual nature, which would offend any person, is unacceptable. -- **Cell phones are not to be in my possession during the retreat. -- I will use my phone in my room before breakfast and after I return for the evening.** I will get a good night's rest and agree to any curfew set by event leaders. -- Curfew means shut eye time in my room. I am only allowed to leave my room after curfew to use the bathroom. -- I understand that pranking others or rooms, horseplay and entering the stairwells are all prohibited on this retreat. -- I understand that youth and adult leaders will enforce this code of conduct and are acting in my best interest and in the best interest of the event when doing so. -- Infractions of these rules will result in adult leaders and/or the center director discussing the infraction with me. In the unlikely event that a behavior problem requires this action, I understand that my parents will be notified immediately and I will be picked up by a parent or guardian or sent home with an adult chaperone at my own expense. -- I agree to cooperate and have no trouble adhering to this code of conduct.

(initial here)_____ I as a teen participating in the retreat, understand that checking this box constitutes a signature confirming that I acknowledge and agree to the above Code of Conduct

(Initial here)_____ I as a parent, accept the conditions stated above in reference to my child's participation in the Confirmation retreat. I have reviewed the code of conduct with my teen. I understand that if he/she does not follow these expectations, I will be called and my teen will be sent home.

Roommate Request: No Guarantees!! If you wish to submit a roommate request, do so below. However, we may mix up the roommates so everyone can get to know each other a little better on this retreat.

Roommate Requested _____

**HEALTH HISTORY AND MEDICAL RELEASE FORM
FOR PARISH PROGRAMS AND ACTIVITIES**

Participant's Name _____ Sex _____ Birthdate _____ Age _____

Parent/Guardian _____ Relationship to participant _____

Street Address _____ City _____ State _____ Zip Code _____

Home Telephone () _____ Work Telephone () _____

H E A L T H H I S T O R Y

Family Doctor _____ Telephone Number () _____

IMMUNIZATIONS (Record YEAR of last immunization or last time person had disease):

Tetanus/Diphtheria _____	Measles _____	Mumps _____
Chicken Pox _____	Rubella _____	Polio _____
TB _____ (results) _____	Other _____	Hepatitis B _____

SPECIAL INFORMATION: (Please check all that apply. Information will be shared on a "need to know" basis or shared with appropriate staff.

Sleep Walking _____	Fainting _____	Dizziness _____
Blackouts _____	Asthma _____	Kidney Problems _____
Frequent Nosebleeds _____	Frequent Colds _____	Seizures _____
Severe Headaches _____	Severe Homesickness _____	Diabetes _____
Frequent Earaches _____		

ALLERGIC REACTIONS (Please list all known allergies - plant, insect, food, medicine AND TYPE OF REACTION):

Please indicate any other medical problems/situations pertinent to your child:

Any physical limitations? _____ If yes, explain _____
Any emotional/psychological limitations or reactions to be aware of? _____ If yes, explain: _____

Is the student presently taking any medication? _____ All medication is to be well labeled with clear, concise directions indicated here (frequently, dosage, etc.):

In an **EMERGENCY**, and if unable to reach parent/guardian, we should contact:

1. Name _____ Telephone Number () _____
2. Name _____ Telephone Number () _____

PLEASE FILL OUT BOTH SIDES

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, I hereby give permission to transport my child to the nearest hospital/emergency center for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.

*SIGNATURE _____ DATE _____

FAMILY INSURANCE PROVIDER/HEALTH PLAN _____

HEALTH PLAN NUMBER (Include expiration date): _____