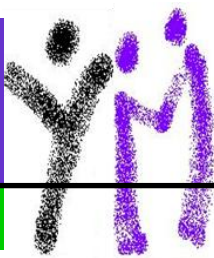


St. William Parish
440 N Moreland Blvd
Waukesha WI 53188



Julie Dennert
262-547-2763 X220
jdennert.cf@tds.net

Dear 10th Grade Parents,

Our 10th grade retreat will be held on March 23 & 24, 2012 at Tyme Out Youth Center. Our retreat theme is How Does Our Faith Form Us. We will take time to explore how we are made in the image and likeness of God, how God created us to love one another and how we are called to be God's hands and feet. We will go deeper into who we are as a person of faith and how those around us form that faith. Our goal is to help the young people understand who they are as a person of faith and how to continue to grow in faith. We want the retreat participants to enter back into their daily lives knowing that God loves them and doesn't want to tell them what to do, but He wants to guide them to a better life for themselves and those they care about.

Barb Gawlik, former director of Youth Ministry at St. William, will be returning to run this retreat. In addition, the small group leaders for this retreat are young adults who are attending college or high school seniors. Our daytime hours are covered but adults are needed to help chaperone the dorms for the overnight portion of the retreat. 4 women and 4 men are needed for the overnight, between 10 p.m. and 8 a.m. **We cannot have this retreat without parental support in the dorms.** Contact me at 262-547-2763 X220 to help for the overnight hours and stay in the dorms.

Your child's Christian Formation is composed of several components, one of which is this retreat. This specific topic is only covered on this retreat and therefore this retreat forms a very important part of your child's overall Christian Formation.

One of the components of this retreat is to help the young people get away from everyday life and help them focus on themselves and God in their lives. **We ask that cell phones and other electronic devices be left at home.** If your child does bring these items they must be left in the dorm area. If they are in the retreat area we will ask them to hand them in until the end of the retreat.

Please complete the enclosed Parent Permission Slip and Medical Form as well as the Tyme Out form. A flyer is included, along with phone numbers, retreat rules, and information regarding what to bring and not to bring. Each **youth should bring a refillable water bottle with them to use throughout the retreat.** All forms are to be **returned by Sunday March 4, 2012.** The cost is \$85.00 per participant. If you have financial difficulty with the cost of retreat, please contact me. I want to make sure everyone has a chance to attend this retreat. If you have questions, please give me a call or email me at jdennert.cf@tds.net.

Transportation is provided to the retreat center. We will board the bus in the St. William parking lot at 6 p.m. on March 23. All students should plan to eat dinner before arriving at St. William, as a snack will not be provided until approximately 10 p.m. The bus will return to St. William by 4:30 pm on Saturday March 24.

If your child is unable attend this retreat, please let me know.

Peace,

Julie Dennert
Youth Ministry Associate

**Parent / Legal Guardian Permission Slip
And Indemnity Agreement**

PLEASE RETURN BY: Sunday, March 4, 2012

Child / Ward: _____

Parish / School: **St. William Parish**

Designated Supervisor of Activity: **Barb Gawlik and Chaperones**

Activity: **10th grade Retreat at the TYME Out Center**

Date(s) and time of activity: **Friday March 23, 2012 6 p.m. through Saturday, March 24, 2012 4:30 p.m.**

Method of transportation: **Bus**

Student cost: **\$85.00, checks payable to St. William**

I consent to the participation of my child/ward in the above named activity. In consideration for my child/ward's participation, I agree to reimburse and indemnify the parish/school (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by parish/school in defending a lawsuit that I or my child/ward may bring against the parish/school which relates to the above named activity if the parish/school is found not legally liable by the courts and prevails in the lawsuit. If the parish/school is found legally liable for injuries sustained by child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the parish/school to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent / Legal Guarding Signature

Date

Address

_____/_____
Home phone / Work phone

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____

Phone Number: _____

Photo Release

I hereby give my permission to the TYME OUT Youth Center and St. William for photographs that may include my child's image to be used in promotional materials. This includes any prints, slides, copies, reductions, or any other processes or treatments necessary to make a photograph for reproduction purposes. I release all rights and privileges for financial obligations for this permission.

Signature of Parent/Legal Guardian _____ Date: _____

PLEASE RETURN BY: Sunday, March 4, 2012

This form has been prepared by and is required by The Archdiocese of Milwaukee's Protected Self-Insurance Program. Questions should be directed to Catholic Mutual Group at 262-255-6906.

MEDICAL RELEASE FORM

PARTICIPANT'S NAME: _____ BIRTH DATE: _____ SEX: M/F

FAMILY DOCTOR: _____ PHONE: (____) _____

Family Health Plan Carrier: _____ Policy Number: _____

MEDICAL MATTERS: I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. OF THE FOLLOWING STATEMENTS pertaining to medical matters. SIGN ONLY THOSE IN ACCORDANCE WITH YOUR WISHES.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

NAME & RELATIONSHIP: _____

HOME PHONE: (____) _____ BUSINESS PHONE: (____) _____

Signature _____ Date _____

Other Medical Treatment: In the event it comes to the attention of DESIGNATED SUPERVISOR or staff that SON/DAUGHTER/WARD becomes ill with symptoms of headache, vomiting, sore throat, fever, or diarrhea, I DO want to be called collect (with phone charges reversed to myself in necessary).

Signature _____ Date _____

Medications: SON/DAUGHTER/WARD is taking medications at present and will bring all such medications necessary, and such medications will be well-labeled. I give permission for SON/DAUGHTER/WARD to take this medication on his/her own. The dosage and frequency of dosage is as follows: _____

Signature _____ Date _____

If requested, I DO give permission for SON/DAUGHTER/WARD to be given the following (circle):

Ibuprofen, Cough drops, Tums, Tylenol Other _____

Signature _____ Date _____

No Medication of Any Type: whether prescription or nonprescription may be administered to my SON/DAUGHTER/WARD unless the situation is life threatening and emergency treatment is required.

Signature _____ Date _____

Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? _____

If so date and disease or condition: _____

You should be aware to these special medical conditions of my child: _____