

St. William invites all 8th graders to....

HOPE IS SOMETHING YOU DO!

Don't you hate it when
something that somebody else wants
gets in the way of what you want?

We call that

CONFLICT!

Would you like to learn how to
respond peacefully in a conflict
so that everyone's needs are met?

We call that

Non-violent conflict resolution!

Come to

HOPE IS SOMETHING YOU DO!

A workshop for **middle school youth** presented by the
House of Peace Teen Leaders, A team of high school youth
trained in leadership and peacemaking skills.

Come and learn how to be a peacemaker!

When: Saturday, January 28, 2012

Time: 8:30AM – 3:30 PM

Transportation: BUS leaving from St. Mary's parking lot
225 S. Hartwell Ave.

Cost: \$15

**House of Peace – 1702 W. Walnut
Street in Milwaukee**

This fun, interactive, workshop will cover:

- Skills for talking and listening carefully to resolve conflict
- Opportunities to apply the skills in different
- Types of conflict
- Causes for conflict



scenarios



Tomorrow's Present – A Service of the House of Peace
1702 West Walnut Street • P.O. Box 05656 • Milwaukee, WI 53205
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Parent / Legal Guardian Permission Slip And Indemnity Agreement

PLEASE RETURN BY: **Sunday January 15, 2012**

Child / Ward: _____

Parish / School: **St William Catholic Faith Community**

Designated Supervisor of Activity: **Jim Gill, St. Mary's DRE and chaperones**

Activity: **Hope is Something you do; 8th grade Retreat at The House of Peace Milwaukee**

Date and time of activity: **Saturday January 28, 2012 8:30am-3:30pm**

Method of transportation: **Bus—leaving from St. Mary's Parking Lot**

Student cost (if applicable): **\$15, 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: _____

Please furnish medical information about your child/ward which may be pertinent to his or her participation in the above identified activity:

This event can not happen without the support of parents as chaperones.

 Yes I am interested in being a Chaperone, call me!

Name

Phone

PLEASE RETURN BY: **Sunday January 15, 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 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, we will need you to come and bring your child home. Please call me collect (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 _____

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.): _____

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: _____

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