

# Holy Spirit Confirmation Retreat

## August 16 – 18<sup>th</sup>, 2019



**Gasper River Catholic Retreat Center**

**2695 Jackson Bridge Road**

**Bowling Green, KY 42101**

**270-781-2466**

### **DIRECTIONS TO GASPER RIVER CATHOLIC RETREAT CENTER**

- From the Wal-Mart on Veterans and Morgantown Road, proceed on Morgantown Rd as though you were heading toward the Natcher Pkwy.
- Continue from that point on **Morgantown Road** approximately **8 miles**.
- Turn **LEFT at Junction 626**. You will see a sign on the corner for the Gasper River Retreat Center.
- Continue approximately **2.5 miles on 626** to the entrance of the center which will be around a bend on your **RIGHT**.
- Drive the winding gravel road, very bumpy, all the way to **Boone Lodge**.

**DROP OFF: FRIDAY AUGUST 16 at 6:30 pm at Gasper River  
(please eat beforehand)**

**PICK UP: SUNDAY AUGUST 18 no later than 3:30pm at Gasper  
Parents invited to closing Mass @ 2:00.**

May 14, 2019

Dear Confirmation Candidates and Parents,

It is time to start the countdown to our Overnight Confirmation Retreat at Gasper River!

The retreat is scheduled for Friday, August 16-Sunday, August 18. All candidates are expected to take part in this wonderful weekend of spiritual growth and affirmation. The parish will be absorbing most of the cost of the weekend. But we do ask that you contribute \$90.00 to help with the lodging, meals, adventure activities, and T-shirt. If this is a hardship for anyone, please contact me.

Our focus for the weekend will be the **Gifts of the Holy Spirit**. There will be time for listening, discussions, interaction in small groups and also the opportunity to participate in three adventure activities: zipline, vertical playground, and giant swing. All are encouraged, but no one will be made to do anything with which they are uncomfortable. We will close our weekend retreat with Mass on Sunday. (Parents and sponsors are invited to attend.)

**Enclosed you will find a list of things to bring, a permission slip and an order form for your T-shirt. (Must have all paperwork by July 1st). Please only return the green, pink, and blue forms...all white pages are to be kept for your reference.** We will be meeting at Gasper River at 6:30pm. Please do not show up before 6pm. On Sunday, all parents are invited to attend the closing Mass @ 2:00. If not attending, please pick up your child by 3:30 at Gasper River.

Candidates, please review the Code of Conduct. You signed this agreement at the beginning of Confirmation classes this year. Any breaking of the Code of Conduct may result in parents being called to take candidate home.

**Parents, please read the *Special Message for Parents and Sponsors.***

In Christ's Spirit,

Allison Steen-Baker  
*Youth Minister*  
270.842.7777 ext. 106  
270.991.1616 (*cell*)  
allison@holyspiritcatholic.org

**If your child is unable to attend the retreat weekend, please inform me as soon as possible. A retreat make-up will be assigned.**

# WHAT TO BRING

1. Flashlight
2. Sleeping bag or linens (Beds are provided)
3. Pillow
4. Towel
5. At least two changes of clothes (Remember, we will be outside and will probably get dirty and maybe wet. Dress for the weather.) **NOTE: you will not be allowed to wear short shorts. Please pack appropriate length shorts/leggings/pants in order to participate in outdoor activities.**
6. Sweatshirts and/or jacket (buildings can get cold)
7. **Socks and sturdy shoes** (No sandals on zip line)
8. Insect repellent and sunscreen
9. Personal toiletries (soap, shampoo, toothpaste, hairbrush, etc.)
10. Shower shoes
11. Snack item to make trail mix (raisins, M&Ms, potato sticks, chocolate chips, Skittles, etc...) Please no peanuts.
12. Two-liter drink to share
13. **POSITIVE ATTITUDE!!!**

# WHAT NOT TO BRING

The administrators of the camp have asked us to pass on to you these restrictions:

- **TOBACCO AND ALCOHOL PRODUCTS**—There is a no-smoking policy which pertains to all buildings on the camp. Alcohol products are not allowed on site at any time.
- **FIREARMS AND WEAPONS** -These are not allowed on site at any time. (This includes knives.)
- **PETS**- Guests may not bring pets. They pose health and safety risks.

**ANY VIOLATION OF THESE IS UNACCEPTABLE BEHAVIOR. PARENTS WILL BE NOTIFIED TO COME AND TAKE THEIR CHILD HOME.**

**Please leave at home:**

- **Cell phones (there is no reception anyway)**
- **iPods**
- **Video games**

**Closer to Nature is Closer to God!**



**DIOCESE OF OWENSBORO ACTIVITY INFORMATION FORM**

Parish/School/Institution \_\_\_\_\_ Date \_\_\_\_\_

Dear Parent or Legal Guardian:

Your child is eligible to participate in a parish/school/diocesan-sponsored youth activity requiring transportation, under the guidance and supervision of employees and/or volunteers. A brief description of the activity follows:

Destination \_\_\_\_\_

Educational Objective (for School) or Other Purpose \_\_\_\_\_

Planned Activities \_\_\_\_\_

Lead Supervisor of the Event \_\_\_\_\_

Date, Time, and Location of Departure \_\_\_\_\_

**Participants may not be dropped off before** \_\_\_\_\_

Anticipated Time and Location of Return \_\_\_\_\_

**\*\*Participants may not be left unattended upon return so be on time please!\*\***

Method of Transportation \_\_\_\_\_

(If personal vehicles are used, volunteer drivers will complete Form E.)

Accommodations (if applicable) \_\_\_\_\_

Total Cost \_\_\_\_\_ Other Details: \_\_\_\_\_

**Cut here---(Keep top; turn in bottom)-----Cut here---(Keep top; turn in bottom)-----Cut here---**

Please return this bottom portion to the designated supervisor of the event: \_\_\_\_\_

**Name and Date of Activity** \_\_\_\_\_

**Name of Participant** \_\_\_\_\_

**Parent/Guardian Phone (Home)** \_\_\_\_\_ **Phone (Work/Cell)** \_\_\_\_\_

*\*In an emergency someone other than parent/guardian\**

Emergency Contact Available during Event (Other than Parent/Guardian):

Name: \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_ Phone (Other) \_\_\_\_\_

X \_\_\_\_\_

Parent/Guardian Signature

Date

**\*\*In signing this, parent/guardian is agreeing to pick up participant on time.**

**(OVER)**

**LIABILITY RELEASE--PARENT/GUARDIAN COPY**

I/We, the parent(s) and/or legal guardian(s) of \_\_\_\_\_ (child’s name), hereby request permission for this child to participate in any and all of the activities of the Roman Catholic Diocese of Owensboro and \_\_\_\_\_ (name of organization) I/We release from responsibility any person transporting my/our child to or from activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. Taking into account the subject’s age, I/we believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

(This top portion is to be kept by the parent or guardian so they have all relevant information about the activity.)

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Adult witness to Signature \_\_\_\_\_ Date \_\_\_\_\_  
Received by \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of DRE, CRE, Teacher/School Personnel, Youth Representative, etc.)

**Cut here---(Keep top; turn in bottom)-----Cut here---(Keep top; turn in bottom)-----Cut here----**

**LIABILITY RELEASE--PARISH/SCHOOL/DIOCESAN COPY**

I/We, the parent(s) and/or legal guardian(s) of \_\_\_\_\_ (child’s name), hereby request permission for this child to participate in any and all of the activities of the Roman Catholic Diocese of Owensboro and \_\_\_\_\_ (name of organization) I/We release from responsibility any person transporting my/our child to or from activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. Taking into account the subject’s age, I/we believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Adult witness to Signature \_\_\_\_\_ Date \_\_\_\_\_  
Received by \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of DRE, CRE, Teacher/School Personnel, Youth Representative, etc.)

Name/Address of Diocesan Institution Sponsoring Program/Activity \_\_\_\_\_

ROMAN CATHOLIC DIOCESE OF OWENSBORO, 600 Locust St., Owensboro, KY 42301

**EMERGENCY MEDICAL RELEASE AND HEALTH INFORMATION FOR YOUTH**

(Parent /legal guardian completes form and is responsible for the information being current. Original form is kept on file at parish/school; a copy must be readily available for all overnight or off-site events.)

Youth Participant's Name \_\_\_\_\_ Prefers to be called: \_\_\_\_\_

Male\_\_\_ Female\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ School & Grade: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's\_\_\_ OR Legal Guardian's\_\_\_ Name \_\_\_\_\_

Home Address (street, city, zip) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Preferred Means of Communication:** Phone Call \_\_\_ Text \_\_\_ Email \_\_\_

Mother's\_\_\_ OR Legal Guardian's\_\_\_ Name \_\_\_\_\_

Home Address (street, city, zip) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Preferred Means of Communication:** \_\_\_ Phone Call \_\_\_ Text \_\_\_ Email

In an emergency, please notify (Name/Phone #): \_\_\_\_\_

If above individual cannot be reached, please notify (Name/Phone #): \_\_\_\_\_

Is anyone designated as the primary or sole custodial parent by court order or decree? NAME \_\_\_\_\_

Name anyone who is restrained from picking up the child. \_\_\_\_\_

**HEALTH HISTORY:**

Child's Physician: \_\_\_\_\_

Any pre-existing or present medical conditions, disabilities, physical handicaps, or major illnesses: \_\_\_\_\_

Name of any **medications** and concise directions, including dosage and frequency of dosage: \_\_\_\_\_

If my child is in pain and if deemed advisable by a supervisory adult, I grant permission for the following non-prescription medication to be given: Acetaminophen Yes\_\_\_ No\_\_\_

Ibuprofen Yes\_\_\_ No\_\_\_

Any allergies (food, latex, animals, etc?) Yes\_\_\_ No\_\_\_

Allergic to any medications? Yes\_\_\_ No\_\_\_

If yes, please list and describe: \_\_\_\_\_

Does child carry EpiPen? Yes\_\_\_ No\_\_\_ If yes, where is it located? \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Contact lenses? Yes\_\_\_ No\_\_\_

Any swimming restrictions: Yes\_\_\_ No\_\_\_ What? \_\_\_\_\_

Any activity restrictions? Yes\_\_\_ No\_\_\_ What? \_\_\_\_\_

(OVER)

**Consent for Emergency Care**

I/We, the undersigned parent(s)/guardian of \_\_\_\_\_ do hereby request and give permission for the provision of necessary medical treatment for the above-named child. I/we understand that supervisory personnel will immediately seek to reach the above-named child’s contact(s) in case of a medical emergency. If any injury/incident does occur during this event that requires transportation to a hospital or doctor, I/we give permission for a representative of the parish/school/etc. to secure necessary medical attention. I/we further authorize any duly qualified physician, dentist, or hospital to render such aid or treatment that may be necessary and understand that I/we assume responsibility for the cost of any such treatment. I/we authorize the release of pertinent medical information to supervisory personnel.

**\* Please understand that, depending upon the seriousness of the situation, your child may be transported to the nearest hospital.**

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

Witness to Signature (Age 21 or older): \_\_\_\_\_ Date: \_\_\_\_\_

Health Insurance Company (that covers above-named child): \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Date of Birth of Policy Holder: \_\_\_\_\_

Policy Holder’s Place of Work: \_\_\_\_\_

**PERMISSION FORM & LIABILITY RELEASE**

**PURPOSE:** This Permission Form/Liability Release is intended to cover all diocesan-, deanery-, parish-, and Catholic school-sponsored activities for anyone under the age of eighteen (18). Catholic schools and/or programs have the right to require parent/guardian to give permission for students/participants eighteen (18) years of age or older.

I/We, the parent(s) and/or legal guardian(s) of \_\_\_\_\_ (child’s name), hereby request permission for this child to participate in any and all of the activities of the Roman Catholic Diocese of Owensboro and \_\_\_\_\_ (name of organization) I/We release from responsibility any person transporting my/our child to or from activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. Taking into account the subject’s age, I/we believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/ herself or others in dangerous situations.

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult witness to Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_

(Signature of DRE, CRE, Teacher/School Personnel, Youth Representative, etc.)

**NOTE TO PARENT/GUARDIAN: You are responsible for the accuracy of all information on this form. Please notify the appropriate leader of any changes (e.g. insurance policy changes, changes in medical condition or medicines, court orders, etc.).**



## MIDDLE- & HIGH-SCHOOL YOUTH CODE OF CONDUCT FOR PARISH-, SCHOOL-, & DIOCESAN-SPONSORED ACTIVITIES WITH YOUTH

The Offices of Catholic Schools, Faith Formation and Youth Ministry provide opportunities that allow young people from all over the Diocese of Owensboro to be educated, grow in their faith, have a fun time, and form Christian friendships. All that we do stems from our belief in Jesus Christ and the following of his teachings. Therefore, we have certain expectations of the children, youth, and adults who participate. To ensure a safe and enjoyable time for everyone, the following policies are in effect for all parish, school, and diocesan-sponsored activities with youth.

- I will treat everyone with respect, courtesy, dignity, patience, loyalty and integrity. I will behave in a way that respects the rights of all.
- If I am being hurt or if I become aware that anyone is being hurt verbally/physically, I will notify a supervising adult.
- I will be cooperative and do those things that promote a good reputation for my school/parish and me.
- I will treat property with care. If I break something, I will tell my supervising adult.
- I will avoid posing any health risk to others (i.e. fevers or other contagious situations).
- I understand the use of cell phones and other electronic equipment is highly discouraged, unless a supervising adult grants permission.
- I will not possess/use/purchase tobacco, alcohol, illegal drugs, weapons, inappropriate videos, inappropriate reading materials, or other objects.
- I understand in extreme cases of misconduct, my parents/legal guardian and legal authorities will be notified, regardless of the time. In these cases parents/ legal guardians will be financially and/or physically responsible for participant’s transportation home from school/event. I understand I am subject to search and seizure policies (available upon request—policy p. 200:9).
- If I become aware of any violation of this Code of Conduct by anyone, it is my responsibility to notify my supervising adult as soon as possible.

**YOUTH PARTICIPANT/STUDENT:** \_\_\_\_\_  
Print Name

I understand that any action inconsistent with this Code of Conduct may result in appropriate disciplinary action.

X \_\_\_\_\_  
Signature of Participant/Student Date

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

The Diocesan Policy states, “at least two supervising adults should be present when there is only one minor, and at least two participants should be present when there is only one supervisory adult.” Please explain this to the child. It is the responsibility of the parent/guardian to see that youth arrive and are picked up at designated times to avoid violation of the above mentioned policy. This also applies to teens who drive themselves.

--For school events if the teacher, staff contact, or an adult supervisor is in attendance, that person should keep this form. If youth are not accompanied by school representative, then forms should be forwarded to appropriate school office PRIOR to event.

**Revised August 2010**



## Participant Acknowledgment of Risks

In consideration of the services of Gasper River Catholic Retreat Center, their facilities, employees, the Diocese of Owensboro in Kentucky and all other persons or entities associated with Gasper River Catholic Retreat Center (hereafter referred to as "GRCRC"), I agree as follows:

I understand that this event may include the opportunity for physical activities which may include, but is not limited to hiking, teambuilding, environmental education, folk dancing, swimming, fishing, river activities, and campfires, which involve a variety of activities that often include, but is not limited to, warm-ups, games, group initiative problems, and low ropes course elements. Although GRCRC has taken reasonable steps to provide me with appropriate equipment and skilled facilitators so I can enjoy activities for which I may not be skilled, GRCRC has informed me that these activities are not without risks. The same elements/activities that contribute to the unique character of these activities can be causes of accidental injury, illness, or in extreme cases, permanent trauma or death, or loss or damage to my personal property. GRCRC does not want to frighten me or reduce my enthusiasm for the activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks.

I am aware that participation in activities entails risk of injury or death to any participant. I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in these activities is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of, and with full knowledge of, the inherent risks. I acknowledge that engaging in these activities may require a degree of skill and knowledge different than other activities and that I have responsibilities as a participant. I acknowledge that GRCRC staff has been and will be available to more fully explain to me the nature and physical demands of each activity, and the inherent risks, hazards, and dangers associated with these activities.

I certify that I am fully capable of participating in these activities. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death or loss of personal property, and expenses, as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity. I have clearly read, clearly understand, and fully accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me, my heirs, assigns, personal representative, and estate for all members of my family, including minor children.

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Participant Signature

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Date

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Parent/Guardian Signature (if participant is under 18 years old)

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Date

**Participant must correctly fill out all of the information on the backside of this form.**

Participant Information

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

5. Person to notify in case of accident or emergency:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

6. Do you have health/accident insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of company: \_\_\_\_\_

Insurance Company address: \_\_\_\_\_

Policy or Certificate number: \_\_\_\_\_

7. Do you have any conditions that would limit your involvement in physical activities?

If yes, please explain: \_\_\_\_\_

8. Are you currently under a physician's care? If yes, please explain: \_\_\_\_\_

9. Are you currently taking any medications, prescribed or otherwise? If yes, please state what you are taking and for what condition: \_\_\_\_\_

10. Do you have any allergies, reactions to medications, or any other medical limitations? If yes, identify and explain: \_\_\_\_\_

11. Do you take any medication for bee stings or other allergies? \_\_\_\_\_ If yes, bring it with you

12. Do you have heart murmurs, episodes of irregular heartbeat, shortness of breath or chest pain upon exertion? If so, describe symptoms and physician's diagnosis: \_\_\_\_\_

13. Do you have asthma? If so, has the condition been stable for the past year? \_\_\_\_\_

14. Do you have problems with your neck, back, arms, ankles, or knees that limit your activities? Describe symptoms and limitations: \_\_\_\_\_

15. Do you suffer from severe headaches, dizziness, or fainting? Describe: \_\_\_\_\_

16. For females only: Are you pregnant, or is there a chance that you may be pregnant? \_\_\_\_\_

# T-SHIRT ORDER FORM

**PLEASE RETURN BY July 1st, 2019**

NAME \_\_\_\_\_

SIZE: All sizes are Adult

Small \_\_\_\_\_

Medium \_\_\_\_\_

Large \_\_\_\_\_

XL \_\_\_\_\_

XXL \_\_\_\_\_