

Confirmation 1 Retreat 2019

Friday, Nov. 1st – Sunday, Nov. 3rd 2019

Irvine Ranch Outdoor Education Center
2 Irvine Park Road, Orange, CA, 92869

Details:

- Parents will meet for pre-parent retreat meeting on Tuesday, October 29 from 7pm-8:30pm
- Teens must be dropped off and picked up by a parent – they are not allowed to drive themselves to the retreat.
- Check-in will be at **5pm** at the retreat center.
- Teens are required to attend the entire 3-day retreat, if you cannot attend contact our office ASAP.
- A REUSABLE water bottle is mandatory to bring for each teen. IROEC does not provide cups for water.

Paperwork and payments:

- Paperwork is due by Sunday, September 15, 2019
- Payments are due by Monday, September 30, 2019
 - There is a payment plan available.
- A \$20 late fee will be charged if payment is received after September 30, 2019

Itinerary (general information, details subject to change):

Fri, 11/1

5pm – Teen check-in
All Souls Mass, Talk #1, Meditation

Sat, 11/2

Lectio Divina, Small Group breakouts, Talks & Testimonies, Sunday Vigil Mass, Open Mic Night, Adoration

Sun, 11/3

Lectio Divina, Small Group breakouts, Talk & Testimony, Group photos

11am – parent pick-up

Retreat fee: \$200.00 for each Teen

OFFICE OF YOUTH FAITH FORMATION

JACKIE GRAY Director of Youth Faith Formation

✉ jgray@stnorbertchurch.org

DANA REYES Administrative Assistant

✉ youthministry@stnorbertchurch.org



Teen Packing list

Please bring the following things:

- Only one suitcase: make sure it has your name on it, written in Sharpie on Duct Tape
- Sleeping bag [fitted twin bed sheet is optional]
 - a. Extra blanket
 - b. Pillow... roll up your sleeping bag and pillow together, stuff them into a plastic garbage bag and label it with your name on a piece of masking tape
- Personal items
 - a. bath towel, toothbrush, toothpaste, sunscreen, soap, shampoo, facewash, deodorant
- Two days-worth of **seasonal clothes**
 - b. a good jacket or sweatshirt
 - c. warm pants, long sleeve shirt, sweatshirts/ hoodie, t-shirts, leggings
 - d. undergarments
- Tennis and/or hiking shoes – no sandals or open-toe shoes (Toms are fine)
- **Reusable water bottle**
- Medication in its original bottle (to be given to Retreat nurse at Friday check-in)
- A good and loving attitude with an open mind and heart!

Here's what you can't and won't bring:

- Your cell phone (or any other smart device, iPods, electronics, AirPods, video games, etc.)
- Alcohol/ Drugs of ANY kind
- Cigarettes, lighters, vaporizers, matches, chewing tobacco, gum, candy
- Weapons of any sort (including your mouth, if you have a dangerous one!)
- Homework, books or magazines
- Sandals or other open-toe shoes
- Anything that might distract you or those around you from the retreat experience
- Anything that might keep you or those around you from having a great time
- Anything that might drive the retreat team NUTS!

**No bedding or pillows will be provided. Make sure to send your teen with adequate sleeping items. **

TEEN'S NAME: _____

TEENS T-SHIRT SIZE (*in adult sizes*) (*Circle One*): S M L XL XXL

CONFIRMATION 1 RETREAT PAYMENT CHOICE

Retreat Fee: \$200.00 for Confirmation Candidates

Payment Options: (*choose one*) Online Payment [Vanco] Check Cash

Make checks payable to: "**St. Norbert Church**," with teen's name in memo line.

Payment Plan:

I will make (*choose one*): _____ [1] payment of \$200.00 _____ [2] payments of \$100.00 by Sept. 30, 2019.

I, _____ (*parent or guardian name*), agree to pay to the order of St. Norbert Church for the C1 Retreat 2019. I understand I must make two equal payments on or before the dates listed below. I understand a \$20 late fee will be charged if received after this date.

| | Amount Due | Due Date |
|----------------|------------|----------------------------|
| First Payment | \$100.00 | Sunday, September 15, 2019 |
| Second Payment | \$100.00 | Monday, September 30, 2019 |

Signature: _____

Date: _____

Payment is due to St. Norbert's Youth Faith Formation Office NO LATER than Monday, September 30, 2019. A \$20 late fee will be charged if received after this date.

RETREAT FEES ARE NON-REFUNDABLE.

Parent Volunteerism for C1 Retreat: (optional)

There are many ways that you as parents can help us prepare for the retreat! Please let us know if you are interested or available to help in any way or all of the following ways.

Parent Name: _____

Name of Teen: _____

_____ Yes, I am available to come early and help with **set up** at the IROEC Retreat Center
(Friday Afternoon around 2pm)

_____ Yes, I am available to come early on Friday and help with **Check-In**
(Friday Afternoon around 4pm – to set up for Check-in)

_____ Yes, I'd like to help with shopping and errands for the retreat (in the month prior to retreat)

_____ Yes, I can provide a monetary donation to help provide a partial scholarship for another teen in the program (contact Jackie Gray for more details jgray@stnorbertchurch.org)

_____ Yes, I'd like to help with administrative side of planning the retreat (paperwork, phone calls, etc.)
I can come by the office to help in the: *State general time frame below*

_____ mornings

_____ midday

_____ afternoons



DIOCESE OF ORANGE

MINOR PERMISSION AND LIABILITY RELEASE FORM

St. Norbert Youth Ministry - Confirmation Year 1 Retreat

DATE & PLACE: Nov. 1st- Nov. 3rd 2019 - Irvine Ranch Outdoor Education Center

SCHOOL/PARISH: St. Norbert Youth Ministry & Confirmation

STUDENT/MINOR PARTICIPANT'S NAME: _____

DATE OF BIRTH: _____ **CHECK ONE:** **FEMALE** **MALE**

STUDENT'S CELL PHONE: _____

CHECK ONE: FEMALE MALE

PARENT/GUARDIAN NAME(S): _____

PARENT/GUARDIAN NAME(S): _____

PARENT/GUARDIAN NAME(S): _____

HOME ADDRESS: _____

MOTHER'S HOME/CELL PHONE: _____ **FATHER'S HOME/CELL PHONE:** _____

EMERGENCY CONTACT

NAME: _____ PHONE: _____ RELATION: _____

MEDICATION During the above named activity, my child has my permission to take the following:

Choose at least one:

My child will be taking a prescription medication.
Name of medication: _____ Dosage: _____ Times per day: _____

My child will be taking a non-prescription medication.
Name of medication: _____ Dosage: _____ Times per day: _____

My child will not be bringing any medications, but I authorize, if needed, school/parish/diocesan staff to give my child non-prescription, over-the-counter, medications:

Notes:/Allergies/Medical Problems/Special Dietary Requirements: _____

I, _____ grant permission for my child, _____
Parent or Guardian's Name **Child's Name**
to participate in this school/parish/diocesan event. This activity will take place under the guidance and direction of
school/parish/diocesan employees and/or volunteers from _____
Name of School/Parish

As parent/legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend _____, its officers, directors, employees and agents, and the Diocese of Orange, its

Name of School/Parish
employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Diocese of Orange, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of Orange.

I authorize the making of photographs, motion pictures, video tapes, recordings or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I waive any rights to compensation or any right that I otherwise might have to limit or control such making or use.

I give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

St. Norbert Church

Rules & Code of Conduct for C1 Retreat

Program: St. Norbert Youth Faith Formation (C1 Retreat)

Location: Irvine Ranch Outdoor Education Center

Date: Friday, Nov. 1st – Sunday, Nov. 3rd 2019

I, _____ agree to follow all rules and directions at the stated above event.

(Please initial upon reading each item.)

____ I agree to have a fun and respectful attitude and participate fully in all activities and talks of the day.

____ I agree to follow all rules and directions of the driver and the chaperones.

____ I agree not to bring chewing gum, cigarettes, e-cigarettes, vape, tobacco, cigarette lighters or matches.

____ I agree to respect the other participants that will be attending this training.

____ I agree to stay within the boundaries of the location stated above.

____ I agree not to bring (or turn off/put away) cell phones, video games, newspapers, books, homework, magazines, AirPods, or anything else that would be a distraction.

____ I agree to be back on time from all breaks and free time.

____ I agree to no romance of any form.

____ I agree not to use profane language.

____ I agree not to steal and to respect the property of others.

____ * I agree to no inappropriate sexual behavior.

____ * I agree not to bring knives, guns, weapons of any kind or the use of anything as a weapon.

____ * I agree not to bring or use alcohol, or drugs of any kind.

____ * I agree not to bring stink-bombs, firecrackers or any other type of explosives.

I understand and agree to these rules and guidelines and I understand that if the Diocesan Leadership Team and/or my Youth Minister believes that my behavior warrants my being asked to leave the event, I will be sent home and my parents will be held responsible for my transportation and financially responsible for any damage that I have caused.

The starred (*) items above warrant an immediate call to Parents and immediate dismissal from the event, as well as possible involvement of legal authority if warranted.

Teen's Signature

Date

Parent's Signature

Date



Recreational Activity Waiver

Shooting Sports • Aquatics • Zip Line & Challenge Courses

This Liability Waiver / Participant Agreement limits the liability of The Irvine Ranch Outdoor Education Center, (IROEC).

PLEASE READ IT CAREFULLY

Shooting Sports (Archery, BB Gun, Tomahawk & Wrist-Rockets)

Injuries and accidents can be nearly eliminated when safety rules are followed. Students will show mastery of the safety rules and procedures prior to using any IROEC Shooting Sports equipment. Students will be taught proper form, safety rules and general knowledge of the equipment. Students will be expected to adhere to all safety rules and follow guidelines on care of the equipment. Anyone ignoring or not following expectations may be sidelined from the activity until sufficient retraining has occurred to insure everyone's safety.

Absolutely no Shooting Sports equipment is to be brought from home. No BB Guns, air-rifles, AirSoft® rifles, tomahawks, bows, arrows, arm guards, sights or releases may be brought by participants.

California Penal Code Section 12552: Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor.



Tomahawk: 13+ yrs. old
Other Areas: 8+ yrs. old

Under 8 must be
accompanied by an adult,
one-on-one, at all times.

Zip Lines, Challenge Courses, Climbing & High Ropes Area (C.O.P.E.)

The Challenging Outdoor Personal Experience (C.O.P.E.), activities offered at The Irvine Ranch Outdoor Education Center, involve a certain degree of risk that could result in injury or death.

All participants shall be provided with and instructed in the proper use of helmets, harnesses, belay equipment and other items as may be required to safely complete each specific challenge area. Participants will be taught proper form, safety rules and general knowledge of the equipment. All will be expected to adhere to all safety rules and follow guidelines for proper care of the equipment. All participants MUST follow the instructions of IROEC trained staff at all times. Anyone ignoring or not following expectations may be sidelined from the activity until sufficient retraining has occurred to insure everyone's safety.



40 lbs. - 300 lbs.
High Ropes: 13+ yrs. old
Other Areas: 8+ yrs. old

Younger & Under 40 lbs.
at discretion of IROEC staff

Shooting Sports, Zip Line and C.O.P.E. Course participants MUST wear sturdy, closed-toe shoes at all times.

Aquatics (Swimming, Water Sports, Water Slide)

All participants will be expected to adhere to all safety rules and follow instructions of the IROEC Aquatics Staff and Lifeguards. Anyone ignoring or not following expectations may be sidelined from the activity until sufficient retraining has occurred to insure everyone's safety.

An adult must accompany children 5 years and under, one-on-one in the water at all times.



Swim-checks required for
deep-end access.

In consideration of the benefits to be derived and after carefully considering the risk involved and in view of the fact that the Boy Scouts of America is an organization in which participation is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of myself (and any minor children for whom I have the capacity to contract), I have carefully considered the risk involved and have given the participant identified below, my consent to participate in the Recreational Activities available at The Irvine Ranch Outdoor Education Center* (IROEC).

In consideration of accepting this registration, and to the extent permitted by law, I hereby agree to release, indemnify, defend and hold harmless on behalf of myself (and any minor children for whom I have the capacity to contract), the IROEC, the Boy Scouts of America, Orange County Council, program staff, activity coordinators, all employees, volunteers, or other organizations associated with IROEC from and against any and all liabilities, claims, penalties, losses, or expenses (including attorneys' fees), of any kind or nature whatsoever, whether related to bodily injury, property damage or any other form of injury or loss to myself (and to any minor children for whom I have the capacity to contract), caused by any negligent act or omission of the IROEC or its officers, clients, agents or employees, arising out of or in any way related to participation in the activity for which I (and any minor children for whom I have the capacity to contract) am registering.

I give permission to the IROEC to take photographs of me, my children and any minor children for whom I have the capacity to contract, while participating in this activity for use in future publicity and understand that I will not receive any compensation for such use. In case of emergency, I hereby give my permission to the physician selected by the IROEC, to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for myself or any minor children for whom I have the capacity to contract.

**The Irvine Ranch Outdoor Education Center is owned and operated by Orange County Council, Boy Scouts of America.*

I acknowledge that the activities to which this release applies can be dangerous and as a result of signing below, I am accepting those risks for myself and for any minor participants for whom I can contract. I CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO ALL THE SPECIFICATIONS OF THIS WAIVER.

St. Norbert Youth Ministry

Nov. 1st- Nov. 3rd 2019

EVENT NAME OR GROUP

EVENT DATE(S)

NAME OF PARTICIPANT (Please Print)

SIGNATURE OF PARTICIPANT

DATE

NAME OF PARENT / GUARDIAN (Please Print)

SIGNATURE OF PARENT / GUARDIAN

DATE