*SCYGA RETREAT*

*February 15-16, 2020*

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NICKNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF BIRTH: \_\_\_/\_\_\_\_/\_\_\_\_\_

CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MAY WE TEXT YOU: \_\_\_\_\_\_YES \_\_\_\_\_\_NO

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL/GRADE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAD’S NAME & ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAD’S PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DAD’S EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOM’S NAME & ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOM’S PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOM’S EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANY SPECIAL NEEDS (Dietary or Otherwise): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE:** Feb. 15-16, 2020 **TIME:** Arrive by **9AM SAT**.-DEPART **SUN. 12:30PM**

**FEE--** **$25- Please bring your favorite snack to share. PLEASE MAKE CHECKS PAYABLE TO: SCYGA**

**WHAT TO BRING:** SLEEPING BAG, COMFORTABLE CLOTHING, TOILETRIES, and ANY MEDICATION YOU NEED, WITH INSTRUCTIONS. ***MEALS WILL BE PROVIDED***.

LIST ANY SPECIAL NEEDS FOR MEALS HERE: (diet, food allergies, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANY QUESTIONS CALL Colleen Cicero 440-227-9056 or Nic Turcoliveri (216) 402-4882

\*\* (**REGISTRATION DEADLINE IS 2:00pm SUN FEB. 9, 2020\*\***

**RETURN FORMS TO THE BUSINESS OFFICE or to any SCYGA team member.**

I give my permission for my teen to attend the SCYGA Retreat on Feb. 15-16, 2020. The retreat will be on the grounds of Church of St. Clare. Your signature here gives your permission for your teen to travel by car with a member of our retreat team. We will be buying supplies for a Service Project on Saturday afternoon.

Parent/Guardian sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please Note we will be collecting your teens cell phone for the duration of the Retreat. They will have access to their phones during breaks and meal times. If there is an emergency you can contact Colleen Cicero or Nick Turcoliveri at the numbers above. Thank you.*

FOR THE PARTICIPANT: Welcome to SCYGA Annual Retreat!

Our retreat team looks forward to a weekend full of blessings, new friendships, fun memories and sharing of our faith. As a participant of this Retreat, it is our hope you will fully participate in the prayers and activities. You are expected to respect the confidentiality of what you hear at this retreat and to treat EVERYONE with the respect and dignity of a disciple of Jesus. We ask you to ALWAYS be aware of your conduct, and you understand the consequences of bad behavior will be you will be asked to leave the retreat.

We will be collecting your cell phones during our activities and times of prayer and reflection. You will have access to them at breaks and meal times. Your parents will be able to contact the Youth Group Adult Leaders with any emergency.

I have read and understand the rules of conduct for participants and I agree to abide by them.

Teen sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL MATTERS**

I hereby warrant that 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.

Authorization for Emergency Medical Treatment:

I, as the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_do hereby give my consent for SCYGA (Saint Clare Youth Group), or other official adult representative of the SCYGA Adult Core Team, in the event that all reasonable attempts to contact me at (phone number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have been unsuccessful, to seek medical attention and treatment deemed necessary by:

(Physician) Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Dentist) Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my permission to transfer my child to Hillcrest Hospital or any hospital reasonably accessible.

Our insurance carrier is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This authorization does not cover major surgery, unless the medical opinion of two other licensed physicians or dentists concur on the necessity for such surgery.

Signed (parent/guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed (parent/guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVENT:** SCYGA RETREAT Dates: Feb. 15-16, 2020

**LOCATION:** Church of St. Clare & School

PLEASE MAKE CHECKS PAYABLE TO: SCYGA