

Dear Student,

You are cordially invited to attend the 34th annual Westside Catholic Youth Retreat (formerly known as Visi Retreat). The retreat will be held **February 16-18** at Higher Ground Retreat Center in West Harrison, IN. The retreat is led by young adults and college students, under the guidance of our Core Team.

The Westside Catholic Retreat was started by Visitation parishioners in 1990 and has occurred annually ever since. While the retreat began as an event for teens who belonged to Visitation, it has grown to attract teenagers from many backgrounds. In fact, last year's retreat included students from 20 parishes and 18 different high schools. We welcome teenagers from all parishes, not just those on the West Side of Cincinnati.

This retreat is designed to encourage spiritual growth, promote self-esteem and foster the development of a positive self-attitude. Throughout the weekend, we will be focusing on the many different challenges and opportunities that each of us face in our lives. These three days will provide you with a chance to hit pause and reflect on your life. It is an important time to open up and show your true self to others. The retreat will give you some time to think about God's plan for your life, and what values are most important to you.

We hope you can join us on this retreat! As stated above, the retreat is held **February 16-18, 2024**. The fee is **\$175 per retreatant**. If a family sends more than one child, the fee is reduced to \$125 for each additional child. *Please do not let financial reasons delay your registration or keep you away from the retreat.* If you have difficulty paying, please contact us to discuss payment options.

The registration process has several components: registration, payment and completion of your medical release form. Registration is now open! **Please submit the enclosed registration form, payment and the emergency medical release form attached below** to St. Teresa of Avila's Parish Office, located on Overlook Avenue as soon as possible to secure your spot. This information can also be found on our websites: saintwilliam.com/wsc-retreat and/or st.teresa-avila.org. Parish Office Hours: Monday-Friday 9:00 a.m.-4:00 p.m. (You may use the mail slot by the St. Teresa parish office door if the office is closed). A confirmation email will be sent to parents for those who have a spot reserved in their name. Once registration is full, a waiting list will be started. In years past, registration has filled up quickly, so do not hesitate to register or get your name on the waiting list.

(continued on back page)

WESTSIDE CATHOLIC RETREAT REGISTRATION

Name (as to appear on name tag) _____ High School: _____ Grade: _____

Address (include city & zip) _____

Parents' Names: _____ Parent Phone: _____

Parent Email (this is our primary means of communication) _____

Parent Address (if different from above): _____

Parish: _____ Have you been on this retreat before? YES NO

If you are new, how did you hear about the retreat? _____

RETURN A.S.A.P. WITH PAYMENT & MEDICAL FORM FOUND ATTACHED BELOW

Please make checks payable to St. Teresa of Avila.

Office Use Only

Date:

Payment:

Payments can be made by sending cash or check to St. Teresa, 1175 Overlook Ave, Cincinnati, OH 45238
ATTN: Westside Catholic Retreat. Your registration is not complete until your payment and medical release form has been submitted.

Feel free to contact me at mwhite@wscatholic.org or 513-921-9200 ex 150 if you have any questions or concerns. The Core Team has been keeping you in our prayers and we look forward to receiving your registration!

Sincerely,

Monica White
And the Westside Catholic Retreat Core Team

PS: A NOTE TO PARENTS... Several parents are needed to help throughout the weekend, especially as overnight chaperones and luggage drivers. If you are SafeParish trained and are willing to volunteer, contact Becky Bill at becdarnell@yahoo.com.

PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM (rev. 7-9-2020)

1. I, the custodial parent/legal guardian of _____ (the "Child"), give permission for my Child to participate in the activity described on the *Activity Information Form* (the "Activity") and release from all liability, indemnify, and hold harmless _____ (print name of parish and school) ("**St. Teresa of Avila; West Side Catholic Retreat**"), the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, all parishes and schools within the Archdiocese, and all of their agents, representatives, volunteers, and employees from any and all liability, claims, judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), or death, (including any injury, illness, infectious and/or communicable disease, or death caused by the negligence of Parish and School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, or any of their agents, representatives, volunteers, or employees) incurred by my Child while participating in the Activity, traveling to or from the Activity, or while using the facilities and equipment of the Parish and School. I further agree not to bring or prosecute or allow to be brought or prosecuted (including, but not limited to, prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits, or actions against Parish and School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, or their agents, representatives, volunteers, and employees.

2. I understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child's participation in the Activity in spite of the risks of injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), and death. I agree that if my Child has underlying health concerns which may place him/her at greater risk of contracting COVID-19 or that would possibly increase the severity of illness if COVID-19 is contracted, then my Child and I will consult with a health care professional before participating in the Activity.

3. I agree to instruct my Child to cooperate with the agents of Parish and School and/or the Archdiocese who are in charge of the Activity.

4. I authorize the agents of Parish and School and/or the Archdiocese who are acting as leaders of the Activity to seek medical treatment for my Child in the event of any injury, illness, or medical emergency during the Activity or related travel. I understand that the agents of Parish and School and/or the Archdiocese will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my Child.

5. *Please indicate.* I agree do not agree that Parish and School and/or the Archdiocese may use my Child's portrait or photograph for promotional purposes, website, and office functions.

6. *Please indicate.* I agree do not agree that Parish and School and/or the Archdiocese may use social media and technology to communicate with my Child regarding parish/school related ministry activities.

7. This Permission, Release, and Authorization is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion thereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This Permission, Release, and Authorization shall be construed in accordance with the laws of the State of Ohio, excluding, and irrespective of, any choice of law principles to the contrary.

8. Parish and School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is canceled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or illness, public health concern, or circumstances arising therefrom, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof.

I have carefully read and understand and accept the terms and conditions stated herein and I acknowledge and agree that this Permission, Release, and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and our personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

Signature of Custodial Parent/Legal Guardian: _____ Date / /

Print Name: _____ Home Address: _____

Place of Employment & Address _____

Custodial Parent/Legal Guardian Phone No. (cell): _____ (other Phone No.): _____

Emergency Contact Phone No. (cell): _____ (other Phone No.): _____

MEDICAL INFORMATION FORM
Completed by Custodial Parent/Legal Guardian — Please Print

Child's Name: _____ Birth date: _____

Allergies (e.g. food, drugs, anesthetics): _____

Medications taken regularly: _____

Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma):

Family Doctor: _____ Phone No.: _____

Custodial Parent/Legal Guardian Phone No. (cell): _____ ;(other Phone No.): _____

Emergency Contact Phone No. (cell) _____ ;(other Phone No.): _____

(See *Activity Information Form* below)

ACTIVITY INFORMATION FORM
Completed by Parish/School -- Please Print

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

B. One-Time Activity

Parish/School: St. Teresa of Avila Activity Westside Catholic Retreat

Location Higher Ground Retreat Center: 3820 Logan Creek Ln. West Harrison, IN 47060

Emergency No. Monica White (513)505-1010

Cost: \$175 per retreatant. If family sends more than one child the fee is reduced to \$125 for each additional child

Starting Date and Time Friday, February 16th 2024 @ 5:30p.m Meeting Place TBD

Ending Date and Time Sunday, February 18th 2024 @ 3:00pm Meeting Place TBD

Activities Involved Overnight youth retreat open to all high schoolers

Type of Transportation (if any) Students will be transported to and from the retreat center in buses

Group Leader Tim Darnell & Monica White Telephone No. Tim- (513)235-4709 Monica- (513)505-1010

Other Information _____

_____ Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).)

Signature of Custodial Parent/Legal Guardian _____ Date / /

Please do not let financial reasons delay your registration or keep you away from the retreat. If you have difficulty paying, please contact us and arrangements will be made.

Permission to Administer Over-the-Counter Medications

This form is **OPTIONAL** for parents to complete.

PLEASE PRINT and turn in with registration and medical emergency forms!

Name of Participant: _____

Name of Parent giving permission: _____

The program directors may give over -the-counter medications to my son/daughter listed below in the following situations.

Please initial any that apply.

For headache, you may give my son or daughter:

_____ Tylenol (acetaminophen)

_____ Advil (ibuprofen)

_____ Other (please list) _____

For upset stomach, you may give my son or daughter:

_____ Pepto Bismol (Pink Bismuth)

_____ Tums

_____ Other (please list) _____

For cough, sore throat:

_____ Hall's cough drop

If any other medical situations occur, I understand that I will be contacted.

Signature of Parent/Guardian

Date