



**B.A.S.I.C.
Spring Retreat
Apr 26-28**

All high schoolers
welcome!
Permission slips are online
and in the Parish Office
due
Sunday, April 7



WHAT: Retreat for all high schoolers whether they are regulars at B.A.S.I.C. (youth group) or if they are brand new/guests. Teen Council will be leading us through the Parables of Jesus!

WHERE: Our Lady of the Fields Camp

7000 McClements Rd, Brighton, MI 48114

WHEN: Friday April 26th 3:30pm to Sunday April 28th 3:30pm

HOW: \$60 per student, we'll take a bus from the Davidson Center and back.

Permission Slips and Payment due by Sunday, April 7

B.A.S.I.C. Spring Retreat 2024 April 26-28

Packing List and Itinerary

Description

The B.A.S.I.C. Fall Retreat is open to all high school teens (whether they regularly come to the youth group, B.A.S.I.C., or if they have never come before). The retreat is an opportunity to leave the daily hustle and bustle so you can be rejuvenated by the Holy Spirit together with your friends (old friends and new friends you will make at the retreat). Confession, Adoration, Mass, teaching on the faith, small groups, games and team building will take place during our stay at Our Lady of the Fields Camp.

Please reach out to John Boutin with any questions or concerns:

jboutin@stanastasia.org (248) 689-8380 #108

In case of emergencies during the retreat John can be reached at (586) 438-0096

Packing List

- **Cell phones may be brought but they will be collected by John on Friday and returned to teens before the bus ride home on Sunday.** In case of special circumstances, parents must reach out to John if you would like your teen to have his/her phone during the retreat.
- **Pillow and sleeping bag and/or sheets**
- -Toiletries & Towel
- -Underwear
- -Socks
- -Pants
- -T-Shirts
- -Sweatshirts/Hoodies
- -Sneakers
- -Boots that can get wet and keep your feet warm
- -Winter Hat & gloves (good to have in case it's cold, especially outside in the evening)
- -Coat
- -Flashlight
- -A snack to share
- -Suggested: Prayer journal, Bible, devotional books and any other spiritual things such as your rosary.

Itinerary (for parents to know)

Friday Apr 26

Students arrive @ 3:30pm at St. Anastasia at the Davidson Center

Bus leaves promptly @ 4:00pm

Bus arrives at Our Lady of the Fields Camp @5:15pm

Saturday Apr 27

We will have Mass in the evening (fulfilling the Sunday Obligation)

Sunday Apr 28

Bus arrives back at St. Anastasia at the Davidson Center @ approximately 3:30pm

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from St. Anastasia Catholic Church.

Name of Event: B.A.S.I.C. Spring Retreat 2024

Destinations: Our Lady of the Fields Camp 7000 McClements Rd Brighton, MI 48114 (248) 379-0943

Designated Supervisor of Activity: John Boutin **Cell:** (586) 438-0096

Date and Time of Departure: FRIDAY, April 26, 2024 Students arrive @ 3:30pm at St. Anastasia

Bus leaves promptly @ 4pm

Date and Time of Return: SUNDAY, April 28, 2024 @ 3:30pm bus arrives back at St. Anastasia

Method of Transportation: Bus

Cost: \$60 Checks payable to St. Anastasia Catholic Church

Credit card payments may be made in the parish office or by phone: 248-689-8380

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

*******STATEMENT OF CONSENT*******

Event Name: B.A.S.I.C. Spring Retreat 2024

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this field trip, I hereby agree on behalf of myself and my child, to release St. Anastasia Catholic Church, the Roman Catholic (Arch)diocese of Detroit, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. This release of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

Parent/Guardian Email Address

Phone number(s) you can be reached with during this event

(Print Parent/Legal Guardian's Name)

(Parent/Legal Guardian's Signature)

(Date)

**RETURN ALL FORMS AND PAYMENT to the Parish Office or John Boutin by
Sunday, April 7**

Contact John: jboutin@stanastasia.org or 248-689-8380 #108

MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: B.A.S.I.C. Spring Retreat 2024 or Event

Address of Minor: _____ City: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____

Signed: _____
(Parent or Guardian)

**OUR LADY OF THE FIELDS CAMP AND RETREAT CENTER
MINOR PARTICIPANT AGREEMENT FORM**

MINORS

(One child per form, please.)

LEGAL NAME OF CHILD: _____

LEGAL ADDRESS OF CHILD: _____

NAME OF PARENT/GUARDIAN SIGNING THIS FORM (please print): _____

With my signature below, I give my consent for my child, whom I identify in the above section, to participate in any and all activities and events at Our Lady of the Fields Summer Camp and Retreat Center, which is owned and operated by the St. Thomas Chaldean Catholic Diocese of West Bloomfield Township, Michigan.

I agree that in order for my child to participate in any and all activities and events, I must read and voluntarily agree to the following terms and conditions of this agreement on my child's behalf.

I willingly give my consent for my child to participate in any and all activities and events at Our Lady of the Fields Camp and Retreat Center. I assert that my consent for my child's participation is entirely voluntary. Acting on my child's behalf, I expressly acknowledge and agree that there are risks, both inherent and unforeseeable, attached to all of the activities that my child may participate in, including but not limited to waterfront activities and the high and low ropes course programs. These activities and events may cause sickness, minor injury, serious injury, or even death. I also expressly acknowledge and agree that, even with safeguards in place, Our Lady of the Fields Camp and Retreat Center cannot guarantee that my child will not incur any sickness, minor injury, serious injury or even death.

PUBLICITY WAIVER

I give permission to Our Lady of the Fields Camp and Retreat Center to photograph and/or audio or video record my child. They may use these photographs and/or recordings for educational, professional, and publicity purposes for Our Lady of the Fields Camp and Retreat Center and its Community Partners.

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

In order to consent for my child to participate in any and all activities and events, I expressly agree, on my child's behalf, to assume all risks. Furthermore, on my child's behalf, I expressly waive, release, discharge and hold harmless Our Lady of the Fields Camp and Retreat Center, The Chaldean Catholic Church of the United States of America, its directors, officers, agents, employees, assigns, and any volunteers (altogether referred to as "Camp Parties"), from and against all liability for loss or damage of property or money, any sickness, injury (minor or serious) or death that my child may incur, or any claim of any kind, however caused, resulting from or related in any way to my participation in any and all activities and events at Our Lady of the Fields Camp and Retreat Center.

INDEMNIFICATION

I expressly agree to indemnify and hold harmless Our Lady of the Fields Camp and Retreat Center and all the Camp Parties from any liability to my child or any third party, resulting from or in any way relating to my child's participation in any and all activities and events.

AGREEMENT NOT TO SUE

I expressly agree not to sue Our Lady of the Fields Camp and Retreat Center and all the Camp Parties for any claim, present or future, that I may have on my child's behalf, that may result from or in any way be connected to, my child's participation in any and all activities and events.

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LEGAL NAME OF CHILD: _____

LEGAL ADDRESS OF CHILD: _____

NAME OF PARENT/GUARDIAN SIGNING THIS FORM (please print):

COVID-19

By signing this agreement form, I acknowledging that there is an inherent risk of exposure to COVID-19 in any public place where people are present. By attending Our Lady of the Fields Camp and Retreat Center, I voluntarily assume, on my child's behalf, all risks related to exposure to COVID-19 and agree not to hold Our Lady of the Fields Camp and Retreat Center; or any of their affiliates, directors, officers, employees, agents, contractors, or volunteers liable for any illness or injury.

SEVERABILITY

I expressly agree that the above-mentioned Assumption of Risk, Waiver of Liability and Agreement Not to Sue are intended to be as general and wide-ranging as is allowed by the laws of the State of Michigan. If any provision of this agreement or any part of any provision of this agreement is held invalid, illegal or unenforceable under Michigan law, the remaining parts and/or provisions shall not be affected or impaired in any way. I understand the terms and conditions of this agreement.

I acknowledge and agree that this agreement is binding upon my heirs and assigns. I expressly and voluntarily agree to all terms and conditions contained in this agreement. By signing below, I verify that I have thoroughly read all the contents of this agreement and hereby agree to all of the terms and conditions stated above.

SIGNATURE OF PARENT/GUARDIAN SIGNING THIS FORM:

DATE: _____

RELEASE FOR DISPENSING OF MEDICATION (IF APPLICABLE)

We, the undersigned parent and/or guardian of:

_____ Born ____/____/____
(Student's Name) (Grade) Mo Day Yr

do hereby sign and execute this release on behalf of us and on behalf of our minor son/daughter/ward.

NAME OF MEDICATION: _____

DOSE: _____

TIME TO BE GIVEN: _____

DURATION: _____

ATTACH DOCTOR'S NOTE REGARDING EMERGENCY CARE PLAN AND ADMINISTRATION OF MEDICATION.

☐ Check here, if this release is for a metered dose asthma inhaler, insulin pump or epinephrine auto-injector, which the student will possess and use at his/her own discretion in school or at school activities. The physician and parents/guardian signature below apply to the inhaler, insulin pump or epinephrine auto-injector possession and use by students as permitted in Public Act 10 – Revised School Code.

(Doctor's Signature)

(Please Print Name)

(Date)

_____(_____)_____
(Phone

Number)

We hereby waive any liability whatever to the school or the Archdiocese of Detroit or any of its personnel, that might occur as the result of giving said medication in the indicated dosage at the time requested to our minor son/daughter/ward.

PARENT/GUARDIAN

(Signature)

(Print Name)

DATE _____

(April 2017) *This form MUST accompany any medications being brought on to the event*