

Mountain Madness!



Middle School Conference

February 17-19, 2012

YMCA of the Rockies

Estes Park

Registration Deadline: Thursday, January 5, 2012

Theme:

“Saints Among Us – The Real Superheroes” – Inspired by the year of St. Paul, we will take time to reflect on the extraordinary lives of the Saints. The faith and devotion of the Saints of yesterday encourage us to become the Saints of today! This year’s presenters/speakers will be APeX.

Tentative Schedule: Subject to Change:

Bus will leave Our Lady of Loreto at 3:30 pm on Friday. Registration will be held from 5pm – 7pm on Friday evening. The Conference will begin in WGR Auditorium at 8pm on Friday and end on Sunday morning with following lunch.

Registration Information:

Who: 6th - 8th Grade Students

Cost: \$185 per person

Includes: Conference Materials, Lodging and 5 Meals, Conference T-Shirt, Bus Transportation

Location: YMCA of the Rockies, Estes Park

When: February 17, 2012 through February 19, 2012

Registration To include the following:

1. Participant’s Liability Release Permission Form
2. \$185
3. Roommate request sheet (we will try our best to make sure that you room with at least one of your friends. To help us with this, please list 1-2 people that you would like to room with and please make sure that they list you, as well)

Make Check payable to: Our Lady of Loreto

Ways to turn in Registration and Payment

1. **Mail:** Our Lady of Loreto
18000 East Arapahoe Rd
Foxfield, Colorado 80016
Attn: Office of Youth Ministry

2. **Drop Off:** Seal registration in envelope with payment and drop envelope in Sunday collection
3. **Hand-in:** Seal registration in envelope and turn into Neely at youth group night

Sample Packing List:

We will be housed in the YMCA Dorms, NO sleeping Bags or pillows will be needed.

The YMCA is located at 8700 ft. in altitude. It is winter and it will be cold!

- Warm Clothing that is comfortable for inside
- Boots or some type of outdoor shoes
- Outdoor jacket, hat and gloves
- Pajamas!
- Swimming Suit and Towel for the indoor pool
- Water bottle marked with name (to avoid dehydration and altitude sickness)
- Any medications (in original bottle and marked with name and dosage)
- Personal Toiletries (there is a shower in each room)
- Socks and underwear of course!
- Camera and film
- Spending money (there is a general store on the property)

Housing:

We will be housed in the Eastside Lodges just a walk away from the WGR Auditorium and Dining Hall areas. Most dorm rooms have 2 sets of bunk beds and 1 full size or queen bed and a full bathroom with shower. All are inside with large long hallways to each exit. Fully heated and carpeted. The office reserves the right to combine rooms as necessary.

Overnight Anxiety:

Many young people in the 6th & 7th grades may not have spent a night or two away from home or may not have ever gone overnight a great distance from home. Suggestions for homesickness or anxiety are: have them bring a friend along, have them bring 'nighttime' friends such as a stuffed animal, blanket, etc., bringing a parent along with them, have other youth share their experiences of a youth group overnight trip with them. There will be phones available all weekend to phone home.

Questions?

Call Neely at (303) 414-2256 or e-mail at meecks@ourladyofloreto.org



February 17-19, 2012
YMCA of the Rockies, Estes Park

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Name of Minor ("Participant"): _____

Home Address: _____

Home Phone: _____ Business Phone: _____

Parent(s)/Guardian(s) Name(s):

I/we, _____

Parent(s) Or Guardian(s) Name

grant permission for my/our child, _____

Participant's Name

to participate in this parish activity. This activity will take place under the guidance and direction of

_____ employees and/or volunteers.

Name Of Parish

A brief description of the activity follows:

Type of event: _____ Mountain Madness – Middle School Retreat

Location(s): _____ YMCA of the Rockies – Estes Park

Individual(s) in charge (Group Leader Name): _____

Duration of activity: _____ Friday Night, February 17 – Sunday Afternoon, February 19, 2012

Mode of transportation to and from event: _____

As parent(s) and/or legal guardian(s), I/we remain legally responsible for any personal actions taken by the above-named Participant.

I/We further agree to defend, indemnify and hold harmless the Archdiocese of Denver and the parish as well as any of its affiliated agencies and their respective agents, directors, officers, employees, and volunteers from any and all claims or demands made for damage, loss, illness or injury to the above-named Participant.

Signature: _____

Parent Or Guardian

Date: _____

Signature: _____

Parent Or Guardian

Date: _____

MEDICAL MATTERS

The parish will take all reasonable and prudent care to see that confidentiality regarding the following information is maintained.

I/We hereby warrant that to the best of my/our knowledge, my/our child is in good health, and I/we assume all responsibility for the health of my/our child. I/We understand and acknowledge that any medical expenses related to illness or injury to my/our child are not covered by any insurance program maintained by the Archdiocese of Denver, and that I/we am/are responsible for such expenses.

Emergency Medical Treatment: In the event of an emergency, I/we hereby give permission to transport my/our child to a hospital for emergency medical or surgical treatment. I/we wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me/us at the above numbers, contact: _____

Name of Minor ("Participant"): _____

Sex: _____ Birth Date: _____

Name of Parent(s)/Guardian(s): _____

Emergency Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____

Policy #: _____

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/flu immunization: _____

Does Participant have a medically prescribed diet? _____

Any physical limitations? _____

Has Participant recently been exposed to contagious disease or conditions, such as mumps, measles, flu, chickenpox, etc.? If so, date and disease or condition:

Other special medical conditions:

Medications: Participant is taking medication at present.

Yes _____ No _____

It is Participant's responsibility to bring all necessary medications, and to ensure they are clearly labeled. **Instructions from the Participant's family physician for these medications must be attached to this form.** The instructions must include the name, concise dosing directions, purpose of, and proper storage of and for all medications.

NOTE: Parish staff and volunteers WILL NOT administer ANY medications requiring the use of a syringe or other needle delivery system. Alternate accommodations for must be made for these circumstances and the parish fully informed of the nature of such accommodations.

Notice: I want to be contacted in the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Denver, chaperones, or representatives associated with the activity that Participant experiences symptoms such as headache, vomiting, sore throat, fever, diarrhea, etc.

Yes _____ No _____

I/We hereby grant permission for the following non-prescription medication (non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup, etc.) to be administered to the Participant, if deemed appropriate.

Yes _____ No _____

OR: No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Yes _____ No _____

Signature: _____
Parent Or Guardian

Date: _____

Signature: _____
Parent Or Guardian

Date: _____