



WELCOME TO FREE THE FIRE

*This retreat is for Confirmation 2 students who want to enrich their spirituality with fellowship, prayer, reflection and much dancing. This retreat team is working hard to prepare a weekend that you will always remember. WE are eager to play, pray and praise with you! The Free the Fire Retreat is scheduled for **March 10-12 at YMCA CAMP WHITTLE.***

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Event/Program: Confirmation II Retreat "Free the Fire"

Location: YMCA Camp Whittle

31701 Rim of the World Dr. Fawnskin, CA 92333

Date: **March 10-12, 2017**

Time: **Friday, March 10 @ 3:30 PM** End: **Sunday, March 12 @ 7: 00 PM**

Cost: **\$150**

Due: **February 21st (AFTER due date \$160)**

Emergency Contact: **Chris Ord 714 330-4063**

****Please arrive at Holy Spirit at 3:30PM on Friday the 11th in Rooms 4-6.****

****IMPORTANT****

ALL RETREATANTS remain at Holy Spirit Catholic Church for 5:00PM Mass on Sunday.

Families & Sponsors are expected to attend mass and welcome us home.

Following the Mass there will be a short meeting in the Hall for students, parents and sponsors the retreat is officially over at 7pm.

STUDENT REMINDER

WHAT TO BRING

- ◆ A WILLINGNESS TO GROW AND SHARE
- ◆ A SACK DINNER FOR THE TRIP UP THE MOUNTAIN
- ◆ WARM COMFY CLOTHES (there will be snow)
- ◆ A SLEEPING BAG AND PILLOW
- ◆ AN EXTRA PAIR OF SHOES
- ◆ A WARM COAT AND GLOVES
- ◆ FLASHLIGHT
- ◆ TOILETRIES-TOWELS, TOOTHBRUSH
- ◆ 6 PACK OF SODA.PUNCH/JUICE AND A SNACK TO SHARE WITH EVERYONE
- ◆ MAKE SURE YOUR SNACKS IS SEPARATE FROM YOUR LUGGAGE.

WHAT TO LEAVE AT HOME

- ◆ A BAD ATTITUDE
- ◆ CELL PHONES
- ◆ IPODS/ MP3 PLAYERS
- ◆ WATCHES
- ◆ LAPTOPS
- ◆ DVD PLAYERS
- ◆ PSP/ NINTENDO DS
- ◆ VALUABLE JEWELRY
- ◆ ALCOHOL, DRUGS
- ◆ TEXTBOOK/ HOMEWORK

KHÓA TỈNH TÂM THÁNH HÓA TRONG LỬA THÁNH THẦN

Free the Fire

Đây là khóa Tỉnh tâm dành cho các em học sinh lớp Thêm sức 2, mục đích để trau dồi đời sống tâm linh, suy niệm cùng đồng hành, và ca ngợi Thiên Chúa. Ban tổ chức đã và đang làm việc một cách hữu hiệu để đem lại cho các em những ngày cuối tuần đáng nhớ. Chúng tôi, những người tổ chức, rất mong được cùng vui chơi, cầu nguyện và ca tụng Thiên Chúa với các em! Khóa Tỉnh Tâm lớp Thêm Sức 2 nhằm **ngày 10 tháng 3 tại YMCA CAMP WHITTLE.**

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Cost: **\$150**

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**** Các em cần có mặt tại nhà thờ lúc 3:30PM chiều thứ Sáu ngày 10 tháng 3. ****

****LƯU Ý****

Kính mời gia đình và người bảo trợ tham dự thánh lễ lúc 5:00 chiều Chúa Nhật.

*Sau Thánh lễ, xin đến Hội Trường để tham dự buổi họp ngắn
và lấy hành lý và đón các em về lúc 7pm.*

CÁC EM LƯU Ý

KHI ĐI TỈNH TÂM CẦN MANG THEO

- ◆ TÂM HỒN RỘNG MỞ, SẴN SÀNG CHIA SẺ
- ◆ QUẦN ÁO ẤM VÀ THOẢI MÁI
- ◆ TÚI NGỦ VÀ GỐI
- ◆ MANG THÊM MỘT ĐÔI GIÀY
- ◆ ÁO LẠNH
- ◆ ĐÈN PIN
- ◆ ĐỒ DÙNG CÁ NHÂN:
 - Khăn mặt, khăn tắm, bàn chải, kem đánh răng...
- ◆ 6 LON NƯỚC NGỌT/ NƯỚC TRÁI CÂY VÀ ĐỒ ĂN VẬT ĐỂ CÙNG CHIA SẺ VỚI NHỮNG NGƯỜI KHÁC

NHỮNG GÌ CẦN ĐỂ LẠI Ở NHÀ

- ◆ NHỮNG THÁI ĐỘ TIÊU CỰC VÀ KHÔNG TỐT
- ◆ RADIO, MÁY NGHE NHẠC, IPods
- ◆ BĂNG NHẠC, CD HOẶC SÁCH BÁO
- ◆ RƯỢU, THUỐC LÁ
- ◆ ĐIỆN THOẠI CẦM TAY, ĐỒNG HỒ
- ◆ BÀI TẬP Ở NHÀ

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DIOCESE OF ORANGE
MINOR PERMISSION & RELEASE FORM
Holy Spirit* Confirmation Year 2 Retreat* Free the Fire

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|--|
| <input type="checkbox"/> Pay in Full \$150 |
| <input type="checkbox"/> Cash |
| <input type="checkbox"/> Check #: _____ |

Event/Program: **Free the Fire Retreat**
Location: **Meet at Holy Spirit & We will travel by Chartered busses to YMCA CAMP WHITTLE**
31701 Rim of the World Dr. Fawnskin, CA 92333
Emergency Contact: **Chris Ord 714.330-4063**
Cost: **\$150. Make Check payable to Holy Spirit Catholic Church**
Due Date: **Package Due Date Feb. 21, 2017 (AFTER due Date \$160)**
Date: **3:30pm, Friday March 10, 2017 - 7:00pm, Sunday March 12, 2017**

(Please Print)

Participants Name: _____ Date of Birth ____/____/____

Parent's Name: _____ Phone #: _____ Cell or Work #: _____

If you can not be reached call: _____ Phone #: _____

Family Physician: _____ Phone #: _____

Insurance Company: _____ Policy No.: _____

Allergies/Medical Problems/Disabilities: _____

Is your child taking any over the counter or prescriptions drugs? **Print Clearly** _____

I, the Parent (guardian) of _____, hereby give my permission for her/his participation above named activity. I agree to direct my child to cooperate and conform with directions and instructions of parish, school or diocesan personnel responsible for this Activity.

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations including but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers employees and volunteers from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damage are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event my child is injured as a result of his, her participation in the above named activity, including transportation to and from this activity, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program or any of its agents of employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will be first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any activity.

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

I, hereby give permission to the 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.

Any medications that your child may be taking during this weekend away, please list below.

Medications

All non-prescription & prescription drugs will be collected at the beginning of the Retreat and given at the time of need. Please list any medications that your child may be taking over this weekend.

If it is ok for your child to be taking pain medication (ie. Aspirin, Tylenol, etc), you must state that below and provide it.

Chữ ký phụ huynh - Parent/Guardian's Signature: _____ Date: _____

BEHAVIOR AGREEMENT

Holy Spirit* Confirmation Year 2 Retreat* Free the Fire

3:30pm, Friday March 10, 2017 - 7pm, Sunday March 12, 2017

As a condition for participating in Free the Fire Retreat on March 20-22, 2017 all students, young adults, and adults must agree to abide by the policies of Holy Spirit Church and the Diocese of Orange. In order to attend the Planted for Life Retreat, each participant must read and sign an agreement outlining expected behavior during the trip.

I, _____, agree to:

(Participant's Name)

- represent my parish and the Diocese of Orange in a manner which supports the values and beliefs of the Catholic Church;
- refrain from purchasing, possessing, and/or using alcohol, narcotics, or tobacco products;
- refrain from bringing cell phones, Ipods or any other electronic devices on the Retreat
- be a role model for my group through positive behavior;
- respect the safety and personal rights of each participant;
- fully participate in all activities;
- receive permission from one of the leaders to leave the group;
- value other people, their cultures, and languages; and
- take responsibility for my own behavior and meeting the terms of this agreement.

Failure to comply with the behavior agreement may result in dismissal from the trip. Parents will be called to pick up or make arrangements for the return of their child if necessary. A parent meeting will be required to pick up any confiscated electronic items brought on the retreat. Individuals and their parents are held responsible for any costs related to damages incurred as a result of inappropriate behavior, and related transportation costs.

I have read and agree to comply with the behavior guidelines above.

Participant Signature

Date

As the parent(s) of the above named student, I understand the policy on behavior and agree that my child will comply. In the event that my son/daughter's behavior warrants his/her release from the trip, I understand that it is my responsibility to arrange for transportation back from the retreat, and if necessary that I will allow Holy Spirit Personnel to release my child to the charter company providing their transportation back.

Parent Signature

Date



**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT
YMCA OF METROPOLITAN LOS ANGELES**

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities and/or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children,

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, volunteers and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all personal representatives, assigns, heirs, and next of kin of the undersigned for any loss or damage, and any claim or demands on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence, active or passive, of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence, active or passive, of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

THIS AGREEMENT DOES NOT APPLY TO LICENSED CHILD CARE SERVICES.

I HAVE READ THIS RELEASE

Date

Printed Name

Signature of Applicant/Guardian

Name(s) of Child(ren) in Program and/or YMCA Facility