



Diocese of Victoria
“St. Joseph the Worker Work Camp”
July 9th -July 12th , 2017
Spiritual Renewal Center



This silent saint, who was given the noble task of caring and watching over the Virgin Mary and Jesus, now cares for and watches over the Church and models for all the dignity of human work. This unique, 3 day retreat and work camp, located at the Spiritual Renewal Center just outside of Victoria is an opportunity for high school age young people to take time away from their daily routine and participate in an event that gives back to the Diocese. They will experience the wonder and grandeur of the great outdoors, spending time reflecting on the teachings of St. Benedict.

Small group discussions, presentations on key topics, unique prayer and liturgical experiences make this retreat unlike any other.

Group registration is now open, only 30 individuals will be allowed for this retreat. Each group that registers must provide the appropriate number of chaperones to attend this retreat with the group.

COST PER-PERSON is \$50.00 (includes food and lodging at the Spiritual Renewal Center, and retreat t-shirt).

- A \$25.00 **non-refundable deposit** is required to secure space.
 - No spaces will be held without a paid deposit.
 - **Spaces are limited**
- Registration is on a **first-come, first-served basis**; once the participant count has been reached, all other registrations will be placed on a waiting list.

Registration deadline is **Thursday, June 28, 2017**, For further information **contact:**
The Office of Youth Ministry, weggert@victoriadiocese.org ; (361) 573-0828 ext. 2232
or rleos@victoriadiocese.org; (361) 573-0828 ext. 2250

Supervision by Youth Ministry Leader/Parish Catechetical Leader, Chaperone & Adult Volunteers

Ratios for the regularly scheduled CCD/RE Class are as follows: There will be at least two Safe Environment compliant Catechetical Leaders in each classroom for regularly scheduled CCD/RE class times and a minimum of two Safe Environment compliant Hall Monitors. Hall monitors will be available in case a child needs to be escorted to a necessary location due to illness or other incidents that may arise.



An 8:1 youth/adult ratio is in effect for all high school youth events, and 6:1 youth/adult ratio for junior high/ middle school events and younger. A minimum of 2 adults must be present at all times.



For further clarification	
<i>High School ratios:</i>	
Number of youth	Number of adults
1-16	2
17-24	3
25-32	4
33-40	5
41-48	6
49-56	7
<i>Junior High School and younger ratios:</i>	
Number of youth	Number of adults
1-12	2
13-18	3
19-24	4
25-30	5
31-36	6
37-42	7



Parishes should furnish at least one male and one female chaperone to accompany each group when both gender groups attend youth events.

Return by **Thursday June 28, 2017** (please duplicate as needed.)

FAX (361) 573-5725

**** Please print or type names (FAX machine is not always very clear.)**

Page # _____ of _____

Parish: _____ City: _____

Attending Adult Contact: _____ Phone: (____) _____

Name	Adult/Youth	Name	Adult/ Youth
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1.	17.
2.	18.
3.	19.
4.	20.
5.	21.
6.	22.
7.	23.
8.	24.
9.	25.
10.	26.
11.	27.
12.	28.
13.	29.
14.	30.
15.	31.
16.	32.

Total # of Youth this page _____	X \$50.00= _____	<i>(less then participants)</i>
Total # of Adults this page _____	X \$ 50.00= _____	Total Amt. Due \$ _____

****Permission Forms: Original is kept at the parish; a copy must accompany driver or contact person along with the Travel Permission release form.**

****NO REFUNDS. Please replace cancellations.**

****Adult chaperones and drivers must have completed the Safe Environment Training, Background check in addition, drivers must complete Driving Check to be able to participate.**

**OFFICE OF YOUTH MINISTRY
DIOCESE OF VICTORIA IN TEXAS
PERMISSION FORM/MEDICAL RELEASE**

YOUTH

Name: _____ **Sex:** _____ **Grade:** _____

Address: _____ **City:** _____

St/Zip: _____ **Phone:()** _____

Age: _____ **Birthdate:** _____ **Parish:** _____

PARENT/LEGAL GUARDIAN'S

Name: _____

Address (if different than above): _____

Phone (if different than above):() _____

I hereby consent to participation by my son/daughter _____ in the Diocese of Victoria Work Camp sponsored by The Office of Youth Ministry of the Diocese of Victoria on **July 9– 12 2017**. I understand that the activity will take place at *The Spiritual Renewal Center* and that my son/daughter will be under the supervision of diocesan and/or parish personnel. As parent or legal guardian I agree to defend, indemnify and hold harmless the Diocese of Victoria, its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my son/daughter's participation in the above mentioned activity.

I grant permission for non-prescriptive medication (e.g. tylenol, throat lozenges, cough syrup, pepto-bismol, etc.) and routine nonsurgical medical care to be given to my son/daughter if deemed advisable by the supervising diocesan personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located.

_____ *(please initial for consent) Photo Disclaimer:* I hereby give permission for my son/daughter to be photographed or video taped. I realize that the photo may be published in the newspaper, a magazine, or other publication. The video may be used for educational purposes or informational purposes regarding programs or curriculum.

Date: _____ **Parent's Signature:** _____

Family Physician: _____ **Phone:()** _____

Address: _____ **City/Zip:** _____

My son/daughter is allergic to: _____

My son/daughter takes the following medication (name, dosage): _____

This medication is for: _____

Medication that my son/daughter is allergic to: _____

Last immunization/booster for Diphtheria/Tetanus: _____

Any specific medical problems: _____

Any physical limitations: _____

In an emergency, if unable to reach parent/guardian, please contact:

Name: _____ **Work Phone: ()** _____ **Home Phone: ()** _____

Name of Insurance Company: _____ **Phone:()** _____

Address: _____

City/St/Zip: _____

Name of Insured: _____

Policy #: _____ **Group or Plan #:** _____

OFFICE OF YOUTH AND YOUNG ADULT MINISTRY
DIOCESE OF VICTORIA IN TEXAS
PERMISSION FORM/MEDICAL RELEASE

ADULT

NAME _____ Sex: M or F Age _____

Address _____ City _____

St/Zip _____ Phone (____) _____

Birthdate _____ Parish/City _____

I am willing to participate in the _____ (event), sponsored by _____ (parish) or the Office of Youth and Young Adult Ministry of the Diocese of Victoria in Texas on _____ (date). I agree to defend, indemnify and hold harmless the Diocese of Victoria, its' clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my participation in the above mentioned activity. In case of an emergency, I grant permission and authorization for a designated adult representative of the Office of Youth and Young Adult Ministry to sign for treatment by a local physician and/or hospital selected by the Office of Youth and Young Adult Ministry of the Diocese of Victoria in Texas.

Date _____ Signature _____

Family Physician _____ Phone (____) _____

Address _____ City/Zip _____

1. Are you allergic to any type of medication? If so, please indicate: _____

Describe reaction? _____

2. Are you presently taking any prescription medication over an extended period of time? _____

Name of medication: _____ What is it for? _____

3. Do you have any allergies? _____ If so, what are they? _____

Last immunization/booster for Diphtheria/Tetanus: _____

Name of Insurance Company _____ Phone (____) _____

Address _____ City/St/Zip _____

Name of Insured _____ Policy or Group Plan # _____

In an emergency, if unable to reach parent/guardian, please contact:

Name _____ Work Phone (____) _____ Home Phone (____) _____

Name _____ Work Phone (____) _____ Home Phone (____) _____

Name _____ Work Phone (____) _____ Home Phone (____) _____