



CHURCH of ST. HELEN

12060 Kinsman Road
Newbury, Ohio 44065
(440) 564-5805

Dear Parents,

We are planning this March to have a youth retreat for high school students. We have had a lot of discussion at the parish as to whether we should proceed with these events.

From all I have seen, the Covid-19 virus poses very little threat to young people. Knowing that God gives us the gift of life intending for us to live fully, we have decided to proceed with our ministry to our teens. These are very formative years. If we can help them maintain a connection to Jesus, it bodes well for their faith life as they move into adulthood.

We, of course, cannot guarantee that a teen will not be exposed to the Covid -19 virus or even that they will not be seriously impacted by it. Although, from all I have seen, many teens are already not social distancing or taking precautions against the virus. We, of course, will take precautions to keep them safe, but it is important that you know we can offer no guarantees.

We will break the teens into small groups of ten or less and will attempt to keep them basically with the same small group of people throughout the event. There will also, however, be large group events, but we will provide ample space for the teens to social distance. However, we are not in a position to strictly enforce that. We will provide the space, we will ask the teens to try to maintain a separation from others not in their small group, but we cannot guarantee that they will cooperate with that. We are attempting to help them experience “community” and that requires them being together with other teens, adult Core members, and young adult volunteers.

There are several things on the addendum permission form below that we ask you to initial and sign.

Sincerely in Christ,

Fr. Jay McPhillips, Pastor



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2021 Life Teen Spring Retreat Permission Form Addendum

(Please see Fr Jay's attached letter to parents before initializing and signing)

- 1) I give permission for my teen to participate in the St. Helen Life Teen Spring Retreat, fully aware that the parish can offer no guarantees that my child will not be exposed to the Covid-19 virus. _____
- 2) I give permission for my teen to participate in prayer experiences, the Sacrament of Reconciliation, Mass, and praise and worship, where teens will be singing and where they may be prayed over by others at their request. *(Note: We will require that a teen wear a mask if she/he sings)* _____
- 3) I give permission for my teen to eat with other teens, Life Teen Core members, and young adult volunteers. *(Note: Social distancing will still be encouraged during meal times)* _____
- 4) I give permission for my teen to be involved in sport events (basketball, volleyball, sled riding, etc.), even though they may not be able to maintain a 6 feet distance from others at all times. *(Note: Equipment will be sanitized before each use)* _____
- 5) I give permission for my teen to be in discussions with their "assigned small group family" throughout the retreat. _____ *(Note: small groups will be assigned a specific breakout location throughout the retreat)*
- 6) I give my teen permission to sleep in a cabin with teens of the same gender. _____ *(Note: Per the Diocese of Cleveland Guidelines for Overnight Youth Ministry Events in a Pandemic Environment, no more than 10 people will be assigned per sleeping area. Head-to-toe bunk bed sleeping will be organized. Personal belongings should not be shared. A staggered bathing schedule will be implemented in order to limit the number of people using the facilities at one time)*
- 7) I give my teen permission to be involved in practicing and acting out Live Stations of the Cross and skits, even though they may not be able to maintain strict social distancing as they do so. *(Note: This applies to Team members only)* _____

Name of Teen Participating _____

Name of Parent Signing (please print) _____

Signature of Parent _____

Date of Signature _____



ST. HELEN LIFE TEEN 2021 SPRING RETREAT

Who: All high school students are welcome to attend. **Space is limited**, so we will fill spaces as registrations come in.

When: 6:00pm Friday, March 26 through 4:00pm Sunday, March 28
(Note: Parents/families are usually invited to attend the closing Mass with the retreatants. However, due to the current pandemic environment, we may not have adequate space to provide safe distancing between that many people. However, we are still working on a plan! ☺).

Where: Camp Burton 14282 Butternut Rd., Burton, Ohio 44021

Cost: **\$100 per person**
If you have more than one teen attending, the retreat cost is \$95 for each additional teen.

Forms are due by March 12th. Please note that if your teen decides not to attend after this date, your payment is non-refundable.

Please return permission form with payment (checks made out to Church of St. Helen) and parent signature to: St. Helen Life Teen, ATTN: Tammy Sadowski, 12060 Kinsman Road Newbury, Ohio 44065. You can also pay online at St. Helen Online Giving.

What to Bring: Mask, sleeping gear, toiletries, towels, comfortable clothes, and extra shoes or boots, *in case of soggy weather*. You may bring snacks and drinks but must be willing to leave them with us at check-in for everyone to share, as these are not permitted in the cabins.

What NOT to Bring: Energy drinks, alcohol, tobacco products, vaping items, illegal drugs and electronics (including cell phones, iPods, computers, etc...) Members of our Core Team will have cell phones in case of emergency.

If you have any questions, contact:
Theresa 440-781-7269 or Tammy 330-842-1745
Lifeteen@sthelen.com

ST. HELEN LIFE TEEN SPRING RETREAT

March 26 to March 28, 2021

REGISTRATION FORM PARTICIPATION/EMERGENCY MEDICAL FORM

App # _____

Paid \$ _____

Ck# _____

Date _____

Participant's Name _____

Home Address _____ City _____

ZIP _____ Email _____ T-Shirt Size _____

Home phone _____ Teen Cell Phone _____

Date of Birth _____ High School _____ Grade _____

Parent/Guardian Name(s) _____

Parent/Guardian Cell phone(s) _____

If we cannot be reached in case of emergency, please call:

Name _____ Relationship to Minor _____

Address _____ Phone _____

TEEN STATEMENT OF RESPONSIBILITY:

I request to participate in the St. Helen Parish Life Teen Spring Retreat. I understand that by requesting to go, I am promising to cooperate with the retreat team, the Life Teen Core Staff, and the Holy Spirit. I understand that the intention of the retreat is to help form community & to bring me closer to God. I promise to follow instructions & be open. I ALSO REALIZE THAT I MAY NOT BRING OR USE ANY TOBACCO PRODUCTS, ILLEGAL DRUGS, OR ALCOHOL. I UNDERSTAND THAT ENERGY DRINKS, CELL PHONES, WATCHES, IPODS OR ANY ELECTRICAL EQUIPMENT WHATSOEVER, ARE NOT PERMITTED. I HAVE READ AND WILL COMPLY WITH THE "TO BRING/NOT TO BRING LIST." I UNDERSTAND THAT TO BREAK THE RETREAT RULES OR TO ACT UNSAFELY OR IRRESPONSIBLY WILL RESULT IN MY DISMISSAL FROM THE RETREAT INTO MY PARENTS' CARE.

TEEN SIGNATURE _____ DATE _____

PARENT STATEMENT OF RESPONSIBILITY:

I request that my son/daughter accompany the Life Teen Core Staff and teens at the St. Helen Parish Life Teen Fall Retreat. I support the right of the group's leaders to have me pick up my teen at any time, if given just cause. I HAVE READ AND UNDERSTAND THE "TO BRING/NOT TO BRING" LIST."

PARENT SIGNATURE _____ DATE _____

Consent Form and Liability Waiver

I, as the parent or legal guardian of _____ do hereby grant permission for my child to participate in the St. Helen Parishes LIFE TEEN SPRING RETREAT. I acknowledge that the aforesaid participant will be involved in physical activities that may cause injury and that there may be risks foreseen and unforeseen. I agree by my signature to release, absolve, indemnify, and hold harmless St. Helen Parish, Newbury, Ohio, their employees and agents; The Roman Catholic Diocese of Cleveland; The Bishop of the Roman Catholic Diocese of Cleveland their successors and assigns from any and all liability for injury, medical fees, hospital bills, or doctor bills of aforesaid participant as well as all debts, claims, demands, costs, expenses, damages, actions, and causes of actions -- I waive all claims of any kind against those mentioned.

Parent/Guardian Signature _____
Date _____

Authorization for Medical Treatment

I, as parent or legal guardian of _____ do hereby give my consent for St. Helen Parish Staff and the chaperones, or other adult representative, in the event that all reasonable attempts to contact me have been unsuccessful, to seek medical attention and treatment deemed necessary by medical personnel. I give my permission to transfer my child to the nearest hospital.

Our healthcare insurance carrier
is _____
—

This authorization does not cover major surgery, unless the medical opinion of two other licensed physicians concur on the necessity for such surgery and are obtained before surgery is performed.

Please list **allergies** and medical conditions **or dietary restrictions** _____

List any medications and dosage child is currently taking

Parent/Guardian Signature _____ Date

Photo Release - St. Helen Church

I/We, the parent(s) of _____, give my/our permission to St. Helen Parish, Newbury, Ohio to publish my/our child's photo only (no name) in publications/media forms listed below exclusively for the purpose of St. Helen Parish and its parishioners.

Slideshows, Parish Bulletin, Parish Website, Narthex TV, etc.

Signature

Date