

CONTACT

SPRING RETREAT

Permission Slips Required. Drop off and pick up will be at Holy Spirit outside the youth room.

WE NEED DRIVERS FOR TRANSPORT TO AND FROM THE CAMPTOKNOWHIM Pisgah AL

Friday, February 28 -Sunday, March 2nd 2025

Cost is \$75.00 SPACE IS LIMITED!!!

Price Includes Accommodations , Meals & Retreat Shirt

Bring: Snacks-individual packets to share and 12 count water/gatorade, bag/blanket Pillow etc.

Comfortable clothes and shoes,

Sleeping bug spray, sun screen, Towel & wash cloth,

personal items: deodorant, soap, shampoo, etc.

Casual Clothing that covers you completely

NO CELL PHONES OR ELECTRONICS

For More information contact

Lori Lai at llai@holyspirithsv.com.

256-882-6483 or 256-642-9508



ADULT VOLUNTEER FORM February 28-March 2, 2025

Your assistance with our Fall high school retreat is greatly appreciated. We know that schedules, siblings, and work commitments may not allow you to commit to both needs, but please sign up to help if you are available.

Parent Name: _____ Parent Email: _____

Parent Cell Number: _____

_____ CARPOOL from Holy Spirit at 5:00pm, Friday night out to Camptoknowhim,
11115 Co Rd 88, Pisgah AL 35765

_____ CARPOOL from Camptoknowhim Pisgah AL, at 11:00, Sunday morning back to
Holy Spirit

MY CAR CAN TRANSPORT _____ YOUTH IN SEATBELTS

**ALL VOLUNTEERS MUST HAVE TAKEN DIOCESAN YOUTH PROTECTION I
WITHIN THE LAST 3 YEARS**

Diocese of Birmingham in Alabama – Form DI-2
Driver Information

Print Clearly

Name _____ Phone _____

I understand and agree to the following rules concerning the transport of minors:

All drivers must:

- Be at least 25 years old
- Have a current and valid driver license (issued within the United States)
- Have completed and properly filed diocesan form AS-1, Application for Service
- Obey all applicable traffic laws
- Enforce a “non-smoking” policy inside the vehicle while transporting minors
- Abstain from the use of a cell phone or other communication device while operating the vehicle
- Abstain from alcohol or other substances which may impair judgment or the ability to safely operate the vehicle. Period of abstinence must include at least six hours before driving through time of arrival at final destination

All vehicles must:

- Be currently registered with a state
 - Have an appropriate seat and seatbelt for each passenger
 - Be in good operating condition with all safety equipment functioning properly
 - Have vehicle liability insurance in the minimum of \$100,000 per person/\$300,000 per occurrence
- =====

I have not been convicted of driving under the influence or reckless driving during the past five years.

I give permission to the Diocese of Birmingham to secure a report on my past driving record. I understand that my personal information may be transmitted to an outside company or agency to get the report.

Signature _____ Date _____

Driver License Number _____ State of Issue _____

Date of Birth _____

Diocese of Birmingham in Alabama - Form CH-1
Parental/Guardian Consent Form and Liability Waiver

Type or Print Clearly All Information

Child _____ Sex ___ Date of Birth _____

Parent(s)/Guardian(s) _____

Home Address _____ City _____ State ___ Zip _____

Home phone () _____ Other phone() _____

I, (name of parent or guardian) _____ grant permission for my child
(name of child) _____ to participate in this parish youth event that requires
transportation to a location away from the site. This activity will take place under the guidance and direction of personnel from
Holy Spirit parish.

T-Shirt Size: _____

Parent Email: _____

A brief description of the activity follows:

Date of event/activity: Friday, February 28., 2025- Sunday March 2, 2025
Type of event/activity: High School Retreat
Destination of event/activity: 11115 Co Rd 88, Pisgah, AL 35765
Individual in charge of and responsible: Lori Lai 256-882-6483; 256-642-9508
Estimated time of departure and return: 5:00pm Departure Friday night and 12:30 Return Sunday
Mode of transportation: Parent Vehicles
Cost: \$75.00

I do hereby further give consent for all emergency medical care (including surgery, if deemed necessary and recommended by at least two attending physicians) prescribed by a duly licensed physician for my child in the event of injury or illness to my child during the above named activity. This emergency medical care may be given under whatever conditions are deemed necessary, or whatever conditions may then and there exist, so as to preserve and protect the life, limb, health and well-being of my child.

In consideration of the parish or school allowing my child to participate in this event, I do hereby agree to forever indemnify, exonerate, hold-harmless and defend the owner and driver of the private motor vehicle, the parish, the pastor, and staff members and all youth ministry personnel, and the Bishop of Birmingham in Alabama, a corporation sole, and in said bishop's individual capacity, and their respective successors in office, from all claims, demands, actions, and causes of action, arising out of or in any way pertaining to any bodily injury or illness, including death, incurred by my child during the course of any said activities, and including emergency medical and/or surgical treatment for my child and whether or not said claim, demand, action or suit is based on, or alleged to be based on, in whole or part, the negligence, wantonness, or other similar conduct of any of The Indemnities.

Parent sign Initials here _____

This Indemnity applies, in all events, to the extent that such an injury, damage, illness, or death to my child is not covered by applicable or enforceable liability insurance available to The Indemnities, or when the amount of liability exceeds the said insurance policy limits. I assume all risks and hazards incidental to or attendant with my child's participation in the above named activity, and in each phase of it.

I request that in the event of any medical or other emergency involving my child during the above named event, when neither myself or the child's other parent is readily available to be contacted by phone, that the adult supervisor contact the following person, who will have authority to speak for me with respect to the emergency needs of my child.

Alternate Contact: _____ Relationship: _____

Phone(s) of Alternate: _____

Signature(s) of Parent/Guardian: _____

Name _____

MEDICAL INFORMATION

Family Physician: _____ Phone: _____

Family Health Plan Carrier: _____

Policy/Contract Number: _____ Phone: _____

Name of Policy Holder: _____

Optional:

My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage, and frequency of dosage are as follows:

Signature: _____ **Date:** _____

Optional Instruction:

Do not give non-prescription medication of any kind to my child without my express permission.

Exceptions: _____

Signature: _____ **Date:** _____

Allergic Reactions (medications, foods, plants, insects, etc.) _____

Date of last tetanus: _____

Special Dietary Considerations: _____

Physical Limitations: _____

You should be aware of these special medical or psychological conditions of my child:

CODE OF CONDUCT

I hold that my child will conduct himself/herself in a proper manner and failure to abide by standard codes of conduct will cause my child to be dismissed from the above named event. I understand that if my child is dismissed from the event I will be expected to travel (or send an adult designee) at my expense to the event location and retrieve my child.

Signature: _____ **Date:** _____