

2016  
IMMERSION RETREAT



# **GROUP LEADER HANDBOOK**

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# Immersion Retreat



## **What is the Purpose of the Immersion Retreat?**

The Immersion Retreat is a weekend retreat in the Wisconsin Dells. The purpose of this retreat is to give young people the opportunity to understand that their relationship with Jesus Christ is to be center of their life; that growing in their faith is a lifelong process; and to encourage them to be active participants in the life of the parish to which they belong. This formation is needed as one of the biggest challenges we face is that young people tend to stop attending Mass and fall away from prayer after they are confirmed.

## **What are the Components of the Immersion Retreat?**

This retreat combines faith, friendship, and fun through powerful speakers, lively music, adoration, daily Mass, the Sacrament of Reconciliation, and spiritual guidance, along with time to enjoy the indoor water park. The immersion environment provides parish youth groups the opportunity to have a great experience with other parish youth groups. Further, the component of small group sharing allows young people to form a deeper bond with one another, therefore creating a stronger community.

## **When is the Immersion Retreat?**

Typically the Immersion Retreat is held once a year in November.

## **Who May Attend?**

All students who are currently in 8<sup>th</sup>-12<sup>th</sup> grade are invited to attend.

At this stage of history, the liberating message of the Gospel of life has been put into your hands. And the mission of proclaiming it to the ends of the earth is now passing to your generation, the young Church. We pray with the whole Church that we can meet the challenge of providing  
“coming generations with reasons for living and hoping  
-*The Joy and the Hope*, Second Vatican Council, no. 31

# Immersion Retreat Registration Checklist

## Chaperones

- Have a ratio of one chaperone to every seven (1:7) students.
- All chaperones age 18 and above, have completed, and passed the Diocesan Background Check.
- All chaperones age 18 and above, have completed the Diocesan Safe Environment Training. **\*Please note this form is to be kept on file at the parish office but please send Diocese SE training date.**
- All chaperones age 18 and above, have completed and turned in to you the Adult Medical Release/Field Trip Waiver Form.
- All chaperones age 18 and above, have been given a copy of the Chaperone Guidelines and Detailed Chaperone Schedule.
- Have given you their desired T-Shirt size.
- Have turned in their money to you.

## Youth

- Have turned in to you their fully completed the Child Medical Release Form.
- Have given you their desired T-Shirt size (on medical release form).
- Have turned in their money to you.

## Parish

- Collected all forms from adults and youth.
- Collected all money from adults and youth.
- Had the parish office write one check for the total amount due to send to the Office of Youth and Young Adult Ministry. **\*Please make check payable to "Diocese of La Crosse"**
- Made copies of all Medical Release forms and sent them to the Office of Youth and Young Adult Ministry.
- Secured transportation for the group to and from **The Wilderness Resort**.
- Send copies of any contracts with bus or other transportation company to St. Ambrose Financial Services for approval
- Made arrangements for meals for dinner Friday, breakfast and dinner on Saturday, and breakfast and lunch on Sunday.
- Arranged rooming lists so that only students of the same gender are sharing a room, along with at least two chaperones of the same gender. Rooms sleep twelve (10 youth, 2 chaperones).
- Given each youth and adult a copy of the packing list.
- Met as a group to discuss and prepare for the Immersion Retreat.

# Immersion Retreat Packing List

## WHAT TO BRING:

### CLOTHING: (take note of current weather forecast)

- T shirts (*See list of what not to bring*)
- Long athletic shorts (*See list of what not to bring*)
- Underwear and socks
- Swimsuit, towel, wash cloth (ONLY one piece swimsuits are allowed)
- Set of clothes for daily Mass (one set) [We have Mass on Saturday and Sunday.]

### OTHER:

- Rosary
- Bible
- Notebook and pen or pencil
- Toiletries (extra contact lenses and a back-up pair of glasses)
- Pajamas
- Extra spending money for t-shirts, souvenirs, snacks.

## **WHAT NOT TO BRING:**

- A bad attitude
- iPods, cell phones, mp3 players, game systems, other antisocial devices (you won't miss them)
- TOPS: NO tank tops, baby t-shirts, sleeveless shirts, spaghetti straps, low necklines (no more than 3 fingers below collarbone), bikini tops, clothes with offensive logos,
- BOTTOMS: NO mini-skirts, short-shorts (bottom should be 3" from knee when standing); NO leggings or yoga pants and all underclothing needs to remain under.
- SWIMSUITS: GIRLS – No bikinis or two piece swimsuits that reveal the midriff. If this is all you have, we have a t-shirt you can wear over it. BOYS – swim trunks only.
- Anything illegal (cigarettes, liquor, explosives, narcotics)

# Immersion Retreat

## Expectations for Participants

### **MODESTY POLICY: VERY IMPORTANT!**

We ask that you strictly adhere to and enforce these policies. A helpful question for youth is asking them if their choice of clothing draws attention to their parts or to their whole being.

- NO shorts, skirts, or dresses that are shorter than 3 inches from the knee while standing.
- NO Shirts that reveal midriff, or are too low cut from the neck area.
- NO shirts, shorts, or pants that are too tight, drawing attention to the shape of the body.
- NO Pants or shorts that sag to the point where they reveal one's undergarments.
- NO Clothing with an anti-Christian message, crude language, promotion of alcohol or drug use, or suggestive material.
- NO Bikinis or two piece swimsuits that reveal the midriff. (If this is the only swimsuit you have, we have t-shirts you can wear over it. There is no need to go out and buy another swimsuit.)
- All shirts must have sleeves.
- Males are expected to wear a shirt at all times they are not swimming or in their room.
- During all liturgies and prayers, every male – youth or adult – must remove any headwear. This includes all hats, visors, headbands, bandanas, etc. This is more out of respect than modesty.
- At such events where music is being played, many people often feel moved to dance. While we definitely encourage this, we feel it is necessary to remind you that no moves that appear tasteless and vulgar will be permitted.

### **Scripture and Catechism references:**

- **“Purity requires modesty, an integral part of temperance. Modesty protects the intimate center of the person. It means refusing to unveil what should remain hidden. It is ordered to chastity to whose sensitivity it bears witness. It guides how one looks at others and behaves toward them in conformity with dignity of persons and their solidarity.”** – Catechism of the Catholic Church #2521
- **“Let no one despise your youth, but set the believers an example in speech and conduct, in love, in faith, in purity.”** – 1 Timothy 4:12
- **“All things are lawful to me but not all things are helpful. I will not be enslaved by anything... the body is not for immortality, but for the Lord; but the immoral man sins against his own body. Do you not know that you are temples of the Holy Spirit within you... so glorify God in your body.”** – 1 Corinthians 6: 11 –20.

### **Participation:**

- All participants (youth & adults) are expected to be present at and participate in scheduled sessions & events. Your method of participation may vary from one situation to the next. Methods of participation include: doing an activity, encouraging others who are doing an activity, helping others to do an activity, listening to a speaker or another participant, sharing an experience or idea, singing, and praying. Participation does not mean separating yourself from the other members of your group. **Adults are expected to be with their group during sessions & events.**
- No “coupling” away from the retreat is allowed. We promote healthy relationships shared in the context of everyone.

### **Up-building Speech:**

- Participants are expected to use positive and up-building speech during the retreat. Cursing, swearing, and other forms of foul and abusive language will not be permitted.
  - **“No foul language should come out of your mouths, but only such as is good for needed edification, that it may impart grace to those who hear.”** – Ephesians 4:29

## **Immersion Retreat Chaperone Guidelines**

### **Chaperone's Attitude and Experience**

- While we encourage the adults to be open to having a powerful experience themselves, we ask that they remember that their first priority is to be there for the young people. We ask that each adult keep a positive attitude throughout the retreat. If an adult has a positive attitude, the young people will be more inclined to also have a positive attitude.
- Chaperones are asked to lead the small group sessions in their own rooms. Please understand that these small group sessions are vital to the young peoples 'experience, as it is a time where they can talk and come to understand how God is speaking to them throughout the retreat. We ask that the chaperones be enthusiastic about the small group sessions, take your time, and ask open ended questions to help generate discussion among the teen participants. Questions will be provided to help get you started.
  - Chaperones must be faithful ambassadors to and of the Catholic Church.
  - If you are asked a question and do not know the answer, often the best response to a question is "I don't know." We do not want to present the youth with any false information.
  - Do not discuss any of your personal misgivings about the Church or members of the clergy with the young people.
  - Chaperones must model fidelity to the Church.
- Chaperones must provide the ministry of presence to the young people.
  - Chaperones are expected to be amongst the youth in their group during activities, meals, and prayer. Talk with your young people and get to know them. Be available to them and their spiritual, emotional, & physical needs.
  - Avoid the "Prison Guard Mentality." Don't stand around the "sidelines" looking in on them. Join in!
  - Provide your young people with a Christian example and role model. Chaperones are expected to attend all activities, reverently worship at Mass, and conduct themselves in a manner that is consistent with the Gospel teachings at all times.
- Chaperones will not be asked to do anything they are uncomfortable with. There are plenty of other duties such as helping with confession lines, ensuring dress code and swimming attire guidelines are met, directing traffic at lunch, and before and after breakouts, etc.
- Chaperones need to be motivated & flexible.

### **Monitoring the Young People**

- Chaperones are to ensure that teen participants are where they need to be on time.
- Chaperones are to assist with "crowd control" to minimize disruptions.
- Chaperones are expected to enforce Diocesan policies & rules with **all** young people, not just those in their group.
  - Our group will have a second bright colored wristband that identifies each of the participants as being with the Diocese of La Crosse.
- Chaperones must be aware of any SPECIAL NEEDS of the youth in his/her group.
  - This includes health problems, family problems, & anything else that may help to minister more effectively.
  - Review the section of your young people's permission forms that relate to special needs (Medical History & Medical Treatment sections). Know what to do in the event of a medical situation.

**Safe Environment Do's and Don'ts (This is for the protection of the adults and young people alike.)**

- Under no circumstances are chaperones ever to be alone in a room with a minor.
  - When leaving the room, the group should leave all together at the same time.
  - Adults are to take first pick of sleeping arrangements in order to ensure that they have sleeping quarters to themselves. For example, if there are two chaperones in a room, the two chaperones should take the King Suite so they have their own room and bathroom. If there happens to be three or four adults in a room, they should take the Double Queen Room.
  - If there are young people who do not want to go to the waterpark during the waterpark time, they cannot stay in their room. They can come to the conference room where we will have games set up, visit the gift shops, hang out in the waterpark, and go to the arcade.
- Under no circumstances is a young person allowed to have a room key or to go to their room alone or with another teen. For minor medical needs, we will have a first aid kit on hand; otherwise, they shouldn't need to go back to their room for anything.
  - If a young person absolutely has to have something in the room that they forgot they can let the chaperone know where the item is, and the chaperone will go and get it for them, or two chaperones can walk with the young person back to the room to retrieve the item. In the second case, the chaperones should wait in the hallway for the young person to retrieve the item and come back out.
- If a young person needs to speak privately about a matter, do not speak with them behind closed doors. Speak with them in a private, but public place such as in the hallway, or off to the side in the Conference Room.

**We want all of the adults to know how much we appreciate the time and energy they are giving to make this retreat a success. If there is anything we can do to help make this an even more positive experience for the adults, please do not hesitate to ask.**



## Immersion Retreat Registration Policies

More often, each year, we are finding that youth will agree to go at the last minute if nothing better is going on that weekend. Or they will drop off for any reason because there are no consequences. Our hope is that parishes do not incur these costs, but help the youth make a decision and stick to it. Therefore, we must institute these new policies:

1. **October 24, 2016** is the deadline for t-shirt orders. Each parish will be responsible for covering the number of t-shirts they order. For example, if a parish guesses they will have 20 students attend, but have only 15 actual attendees, the parish will be responsible for paying for the extra 5 t-shirts. Our suggestion is to only order t-shirts for those that have turned in their forms and money by the deadline.
2. **After October 24, 2016** deadline there will be **no refunds** given.

### **Rooming**

Two adults of the same gender must be present in each suite. If you are bringing a smaller group, you may be asked to share a suite with another parish. If you do not want to room with another parish, let us know and we will work out the cost depending on the number of people you will have in your room.

If you are rooming with another parish and you arrive in the room first, we ask that you put all of your luggage in the living room until the other parish arrives. This way sleeping arrangements can be worked out together. This also ensures that the chaperones are in the correct room. Prior to the retreat, you may also want to contact the group leader of the other parish to talk about sharing meals.

### **Chaperones**

Please work with your parish Safe Environment Coordinator to ensure the following list is completed:

- All adults, age 18 (and out of high school) and older, must have completed and passed a background check and the Diocesan Safe Environment training.
  - Background Check forms are to be sent to Jen Mickschl, the Safe Environment Coordinator for the Diocese.
  - Safe Environment Training Forms and Field Trip Driver Forms are to be kept on file at the parish, but we will need to have the date of training completion for each adult for our records.
  - Each group leader **MUST** work with their **PARISH** Safe Environment Coordinator to supply the Office for Youth and Young Adult Ministry with the **DATES** of the Background Check **AND** when Safe Environment Training was completed.
- Chaperones must be at least 21 years of age. Assistant Chaperones may be 18–20 years of age if there is another chaperone of their gender in their group who is 21 years of age or older.
- Chaperones and Assistant Chaperones are both treated as adults and cannot sleep in the same room as minors.
- There must be a minimum ratio of one chaperone for every seven minors (1:7).

**The deadline for all forms, money, and chaperone background checks is October 24, 2016.**

# 2016 Immersion Retreat Registration Form

Parish: \_\_\_\_\_

Parish City: \_\_\_\_\_

Group Leader: \_\_\_\_\_

Daytime phone #: \_\_\_\_\_

Email: \_\_\_\_\_

# of Chaperones: \_\_\_\_\_ # of Youth: \_\_\_\_\_

## T-Shirt Sizes and Number needed per Size

\_\_\_\_\_ Smalls

\_\_\_\_\_ X-Larges

\_\_\_\_\_ Mediums

\_\_\_\_\_ XX-Larges

\_\_\_\_\_ Larges

- Registration Price: \$140 per person for two nights.
- All Medical Release, Liability, and Background Check forms, and money, are due by **October 23, 2016**.

**Total Owed: \$ \_\_\_\_\_**

\*\*Please have your parish make out a check for the amount due and submit it with this form.

\*\*2 chaperones per suite (sleeps 12) same gender

Please email this form to [ebodin@diolc.org](mailto:ebodin@diolc.org)

or

Please mail this form with payment to:

Diocese of La Crosse Office of Youth Ministry PO Box 4004 La Crosse, WI 54602-4004

**Diocese of La Crosse**  
**Child Comprehensive Medical Release & Permission Form**

**Contact Information**Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Parish Name/City: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ (Home) E-mail Address: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Physician: \_\_\_\_\_ Clinic/Hospital: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Medical History**

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which the participant is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken. The parish/Diocese of La Crosse will take reasonable care to see that the following information will be held in confidence. Some activities may be physically strenuous (especially mission trips and camps). If you desire to limit a participant's participation in any way, please submit your wishes in writing prior to the trip.

1. Is the participant in good health and able to participate in normal activities?  Yes  No

If not, please submit a statement indicating limitations and/or restrictions.

2. Please give the date of the participant's most recent physical examination: \_\_\_\_\_

3. Immunization History (Please give dates)

Date of last Tetanus Shot: \_\_\_\_\_

*Please fill in below only for foreign mission trips:*

DPT \_\_\_\_\_ DPT Booster \_\_\_\_\_ Polio Booster \_\_\_\_\_ Polio Series \_\_\_\_\_

Other, if any necessary, for specific trip: \_\_\_\_\_

\*Note: You are responsible for consulting your doctor about immunizations necessary for foreign missions.

4. Allergies

Pollens \_\_\_\_\_ Medications \_\_\_\_\_ Food \_\_\_\_\_ Insect bites \_\_\_\_\_

Please note specifics: \_\_\_\_\_

5. Has the participant ever suffered from or been treated for any of the following:

Asthma \_\_\_\_\_ Epilepsy/seizure disorder \_\_\_\_\_ Heart trouble \_\_\_\_\_

Diabetes \_\_\_\_\_ Frequently upset stomach \_\_\_\_\_ Physical handicap \_\_\_\_\_

Depression \_\_\_\_\_ Emotional/Mental Disorder \_\_\_\_\_ Other \_\_\_\_\_

6. Operations, serious injuries, or major illnesses in the past year:

\_\_\_\_\_ Dates: \_\_\_\_\_

7. Is the participant subject to chronic homesickness, emotional reactions to new situations (sleepwalking, bedwetting, fainting)? \_\_\_\_\_

8. Has the participant recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, list date and disease or condition: \_\_\_\_\_

9. Does the participant have a medically prescribed diet?  Yes  No10. The participant is a  swimmer  non-swimmer

T-Shirt/Sweatshirt Size (If Applicable)

**Medical Treatment**

*Emergency Medical Treatment:* In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment at my expense. I wish to be advised prior to any further treatment by the hospital or doctor. In the event that you are unable to reach me, such treatment may be administered if deemed necessary. In the event of an emergency, if you are unable to reach me at the numbers given above, please contact the emergency contact listed above.

Initials of Parent Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Other Medical Treatment:* In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of La Crosse, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Initials of Parent Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Medications:* 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: \_\_\_\_\_

Initials of Parent Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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.

**OR**

I hereby grant permission for non-prescription medication (such as aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child if deemed appropriate.

Initials of Parent Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Initials of Parent Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Parental/Guardian Consent and Liability for Minors**

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_ to participate in this diocesan/parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of diocesan/parish employees and/or volunteers from \_\_\_\_\_.

Parent or guardian's name

Child's name

Name of Parish

A brief description of the activity follows:

Type of activity: \_\_\_\_\_

Individual in Charge: \_\_\_\_\_

Estimated time of departure and return: \_\_\_\_\_

"  
"

Mode of transportation to and from activity: \_\_\_\_\_

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend \_\_\_\_\_, its officers, directors, employees and agents, and the Diocese of La Crosse, its employees

Name of Parish

and chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of La Crosse, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Initials of Parent Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Code of Conduct

We expect each participant to conform to these rules of conduct:

- No possession or use of alcohol, drugs, tobacco, or pornography.
- No fighting, weapons, fireworks, lighters, or explosives.
- No offensive or immodest clothing.
- No student may drive.
- No males in female sleeping quarters, and no females in male sleeping quarters.
- Participation with the group is expected.
- Respect property.
- Respect one another, staff, and leaders.
- Respect and comply with event schedules and with any other specific event rules established by leaders.

**Students who fail to comply with these expectations may be sent home at their parents' expense.**

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Initials of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Initials of Parent Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Permission to Use Participant Photos

You have my permission to use said participant's photos for commercial purposes (ex: advertising this event in flyers, on the web, etc.).

Initials of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Initials of Parent Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Statement of Truth and Accuracy

I hereby certify that all of these statements are true and accurate to the best of my knowledge.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Diocese of La Crosse  
Adult Comprehensive Medical Release & Permission Form**

**Contact Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Parish Name/City: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #s: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Physician: \_\_\_\_\_ Clinic/Hospital: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Medical History**

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which you are subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. The parish/Diocese of La Crosse will take reasonable care to see that the following information will be held in confidence. Some activities may be physically strenuous (especially mission trips and camps). If you desire to limit your participation in any way, please submit your wishes in writing prior to the trip.

1. Are you in good health and able to participate in normal activities?  Yes  No  
If not, please submit a statement indicating limitations and/or restrictions.

2. Please give the date of your most recent physical examination: \_\_\_\_\_

3. Immunization History (Please give dates)

Date of last Tetanus Shot: \_\_\_\_\_

*Please fill in below only for foreign mission trips:*

DPT \_\_\_\_\_ DPT Booster \_\_\_\_\_ Polio Booster \_\_\_\_\_ Polio Series \_\_\_\_\_

Other, if any necessary, for specific trip: \_\_\_\_\_

\*Note: You are responsible for consulting your doctor about immunizations necessary for foreign missions.

4. Allergies

Pollens \_\_\_\_\_ Medications \_\_\_\_\_ Food \_\_\_\_\_ Insect bites \_\_\_\_\_

Please note specifics: \_\_\_\_\_

5. Have you ever suffered from or been treated for any of the following:

Asthma \_\_\_\_\_ Epilepsy/seizure disorder \_\_\_\_\_ Heart trouble \_\_\_\_\_

Diabetes \_\_\_\_\_ Frequently upset stomach \_\_\_\_\_ Physical handicap \_\_\_\_\_

Depression \_\_\_\_\_ Emotional/Mental Disorder \_\_\_\_\_ Other \_\_\_\_\_

6. Operations, serious injuries, or major illnesses in the past year:

\_\_\_\_\_ Dates: \_\_\_\_\_

7. Have you recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, list date and disease or condition: \_\_\_\_\_

8. Do you have a medically prescribed diet?  Yes  No

9. You are a  swimmer  non-swimmer

"

V/Uj kvUy gcvuj kvUk g'K'Cr r kcdrg+''''

**Medical Treatment**

*Emergency Medical Treatment:* In the event of an emergency, I hereby give permission to transport me to a hospital for emergency medical or surgical treatment at my expense. In the event of an emergency, please contact the emergency contact listed above.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission to Use Participant Photos**

You have my permission to use my photos for commercial purposes (ex: advertising this event in flyers, on the web, etc.).

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Statement of Truth and Accuracy**

I hereby certify that all of these statements are true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DIOCESE OF LA CROSSE  
ADULT HOLD HARMLESS/INDEMNITY AGREEMENT  
FIELD TRIP LIABILITY WAIVER (ADULT)**

PARISH \_\_\_\_\_

PARISH is understood to include the Diocese of La Crosse and the Bishop.

ACTIVITY PARTICIPANT OR FACILITY USER: \_\_\_\_\_  
(Enter Your Name)

DATES OF ACTIVITY OR USAGE: \_\_\_\_\_  
(Enter the Date of Activity)

TYPE OF ACTIVITY OR USAGE: \_\_\_\_\_  
(Enter the Name of Activity/Event)

The above named ACTIVITY PARTICIPANT OR FACILITY USER agrees to defend, protect, indemnify and hold harmless the above named PARISH, THE DIOCESE OF LA CROSSE AND ITS BISHOP against and from all claims arising from the negligence or fault of the above named ACTIVITY PARTICIPANT OR FACILITY USER or any of their agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above named ACTIVITY OR USAGE at the above named PARISH.

Additionally, the above named ACTIVITY PARTICIPANT OR FACILITY USER agrees to protect, defend, hold harmless and fully indemnify the above named PARISH, THE DIOCESE OF LA CROSSE AND ITS BISHOP for any claim or cause of action whatsoever arising out of the above mentioned ACTIVITY OR USAGE which takes place during the above identified DATE(S) OF ACTIVITY OR USAGE that is brought against the PARISH, THE DIOCESE OF LA CROSSE AND ITS BISHOP by the above named ACTIVITY PARTICIPANT OR FACILITY USER or their family members whether such claim arises from the alleged negligence of the PARISH, THE DIOCESE OF LA CROSSE AND ITS BISHOP, its employees or agents or ACTIVITY PARTICIPANT or FACILITY USER'S negligence. If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

SIGNED BY: \_\_\_\_\_

NAME (Please Print): \_\_\_\_\_

DATE \_\_\_\_\_



# INFORMATION REQUIRED FOR BASIC CRIMINAL BACKGROUND CHECK

Please type or legibly print one form per individual and mail to:

Safe Environment Program Coordinator  
Diocese of La Crosse  
3710 East Avenue South, PO Box 4004  
La Crosse, WI 54602-4004  
Fax: 608-791-0165

Printed Legal Name: \_\_\_\_\_  
Last First Middle

Signature (**required**): \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

States of Former Residency: \_\_\_\_\_  
(Within the last ten years)

Gender: M / F Race: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

Other Names Used: \_\_\_\_\_  
(Maiden, alias, nickname, etc.) Last First Middle

Please specify if this is an initial background check \_\_\_\_\_ or a renewal \_\_\_\_\_.

Is this position paid \_\_\_\_\_ or volunteer \_\_\_\_\_?

Position (check one from either school or parish – if “Other” is selected, a description **must** be provided):

| <u>CATHOLIC SCHOOLS</u>                | <u>PARISHES</u>                        |
|--|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> DRE/CRE       |
| <input type="checkbox"/> Teacher       | <input type="checkbox"/> Catechist     |
| <input type="checkbox"/> Teacher Aid   | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Sub Teacher   | <input type="checkbox"/> Clergy        |
| <input type="checkbox"/> Day Care      | <input type="checkbox"/> Other         |
| <input type="checkbox"/> Coach         | [ _____ ]                              |
| <input type="checkbox"/> Support Staff | Description of Position/Duties         |
| <input type="checkbox"/> Other         |  |
| [ _____ ]                              |  |
| Description of Position/Duties         |  |

Will this individual be responsible for transporting children? \_\_\_ Yes \_\_\_ No.

\_\_\_\_\_  
Parish/School

\_\_\_\_\_  
City/Unified System

\_\_\_\_\_  
Parish/School Contact Person

\_\_\_\_\_  
Contact Phone Number

# FIELD TRIP

## TRANSPORTATION POLICY

Commercial carrier or contracted transportation is the most desirable method to be used for field trips and, whenever possible, this mode of transportation should be provided. The use of private passenger vehicles is discouraged and should be avoided if at all possible. If commercial carriers are used (e.g., commercial airlines, trains, or buses) no further information is required. However, if transportation is contracted, signed contracts should be executed with an appropriate hold harmless agreement protecting the parish and the Diocese of La Crosse. Also, contracted carriers should provide proof of insurance with minimum limits of liability of \$1,000,000 CSL (Combined Single Limit).

### **Leased Vehicles**

If a vehicle is leased, rented, or borrowed to transport participants to and from the event, appropriate insurance should be obtained. Coverage can be purchased through the rental company or your local agent.

### **Private Passenger Vehicles**

If a private passenger vehicle must be used, then the following information must be supplied and this information must be certified by the driver in question.

1. The driver must be 25 years of age or older.
2. The driver must have a valid, non-probationary driver's license and no physical disability that could in any way impair his/her ability to drive the vehicle safely.
3. The vehicle must have a valid and current registration and valid and current license plates.
4. The vehicle must be insured for the following minimum limits: \$100,000 per person/\$300,000 per occurrence.

A signed **Field Trip Driver Information Form** on each vehicle used must be obtained prior to the field trip.

Each driver and/or chaperon should be given a copy of the approved itinerary including the route to be followed and a summary of his/her responsibilities.

### **Distance Limitations** (For non-contracted transportation)

1. Daily maximum miles driven should not exceed 500 miles per vehicle.
2. Maximum number of consecutive miles driven should not exceed 250 miles per driver without at least a 30-minute break.

### Field Trip Driver Information Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_

Driver's License # \_\_\_\_\_ Date of Expiration \_\_\_\_\_

**Vehicle That Will Be Used**

Name of Owner \_\_\_\_\_ Model of Vehicle \_\_\_\_\_

Address of Owner \_\_\_\_\_ Make of Vehicle \_\_\_\_\_

\_\_\_\_\_ Year of Vehicle \_\_\_\_\_

License Plate # \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Registration Expiration Date \_\_\_\_\_

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

**Insurance Information**

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Date of Policy Expiration \_\_\_\_\_ Liability Limits of Policy\* \_\_\_\_\_

(\*Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000)

**In order to provide for the safety of our students or other members of the parish and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the past three (3) years:**

\_\_\_\_\_  
\_\_\_\_\_

**Please be aware that as a volunteer driver, your insurance is primary.**

**Certification**

*I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 25 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

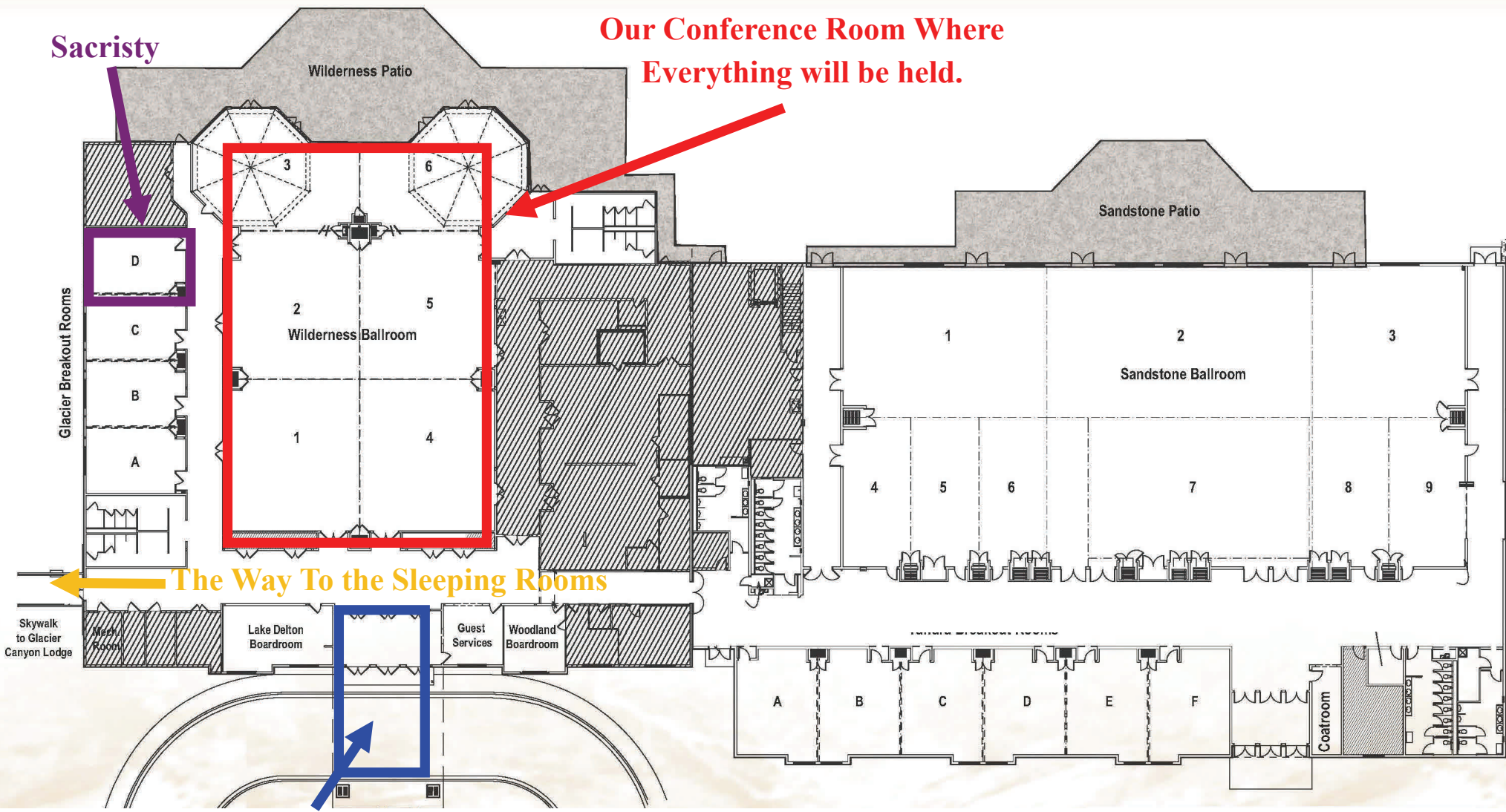


**Directions:**

Wilderness Resort is located close to exit 92 of I-90/94. Take exit 92 and turn north. We are in the Glacier Canyon Conference Center. Turn **RIGHT** on Hillman Road and follow the yellow line on this map to the Bus Drop Off. The address is 45 Hillman Rd, Wisconsin Dells, Wisconsin 53965

**Sacristy**

**Our Conference Room Where  
Everything will be held.**



**The Way To the Sleeping Rooms**

**Bus Drop Off and  
Registration Table**