

# Positively Dangerous!

This year's theme, Positively Dangerous, is about placing those around you at positive or good risk. It's about living your faith in such a real, vibrant, and authentic manner that those around you are in danger of catching it. The positively dangerous peer minister lives their faith in an infectious or contagious manner.

The 2010 Peer Ministry Team Training Retreat will challenge us, inspire us, and provide the practical spiritual tools to help us grow in our relationship with Christ.

## The Details

### ► WHO?

Peer Ministry teams and their adult leaders

### ► WHEN and WHERE?

August 7-8, 2010  
at Bishop Moore High School, Orlando, FL

### ► HOW MUCH?

\$55.00 per person. This includes a \$25.00 non-refundable deposit, four meals, housing, and materials.

### ► WHAT TO BRING?

- Bedding to sleep on floor
- Air mattresses welcome
- Towel
- Toiletries
- Comfortable shoes
- Change of clothes
- Night clothes
- Flashlight
- Bible
- Notebook
- Pen or pencil

### ► WHAT Do We Do?

A retreat just for YOU! Includes opportunities to grow in your own faith, build stronger relationships with your peers, learn valuable skills for your ministry, and have a great time!

The weekend offers a mixture of presentation, team projects, interactive games and activities, prayer and worship to help you become a world-changing peer ministry team!

## Teen Workshops

- Sharing Your Faith Story
- The Journey to Spiritual Maturity
- Growing a Positively Dangerous Community
- Listening & Facilitation Skills 101

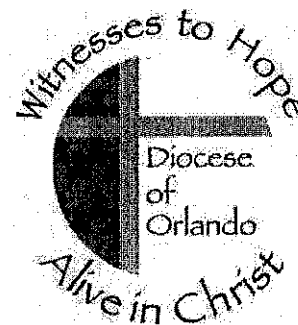
## Adult Workshop

- Tending Teen Leaders

## Guest Speaker



Frank Mercadante  
Executive Director of Cultivation  
Ministries, author of four books,  
international speaker, and 25 year  
youth ministry veteran.



**INFO: 407.246.4867**

COST \$ 55.00

Payment Attached?  Yes  No

Liability Waiver and Permission Form Attached?  Yes  No

Email \_\_\_\_\_ Grad. Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

MARY KLEMM (407) 582-0145 mklemm@sjvortland.org

Please Detach and Give to Your Parish Coordinator by the following date: ASAP

# 2010 Peer Ministry Team Retreat Registration

August 7-8, 2010 Bishop Moore High School, Orlando, FL

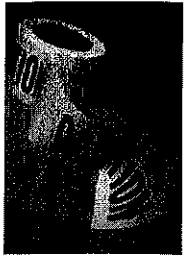
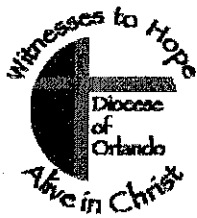
Diocese of Orlando  
Youth Office

# Positively DANGEROUS!

Peer Ministry Team  
Training Retreat  
August 7-8, 2010

407.246.4867 voice





Diocese of Orlando - Peer Ministry Retreat

**"Positively Dangerous"**

August 7-8, 2010

8am Saturday - 4pm Sunday

Diocese of Orlando - Parish Registration for High School Teens

Parish Name St. John Vianney city Orlando

Parish Contact Person Mary Klemm Position Coord of YM

Contact Person's Phone Number (407) 582-0145

Contact Person's Email mklemm@sjorlando.org

- Adult Ministry Team Guidelines: Parishes are to provide the appropriate number of adults.
- The ratio is 1 adult for every 8 retreatants, 2 adults for the first 8.
  - Adult gender ratio should reflect male/female teen ratios.
  - Adult Ministry Team Leaders must be at least 21 years of age,
  - Adult Ministry Team Leaders must have a FBI fingerprint and background check CLEARANCE on file with the diocese and have completed the 'Safe Environment Training'.

# of Youth Participants TBD

# of Adult Participants TBD

**Location:** Bishop Moore High School - 3901 Edgewater Dr, Orlando, FL 32804

**Cost:** \$55.00/participant - this covers 4 meals, lodging, and retreat materials

**Mass:** The weekend liturgy will be celebrated as a part of the retreat

**OPTIONAL Supplemental Items:** (please enclose payment for these items w/deposit)

"Positively Dangerous" (the book for teens) \_\_\_\_\_ copies at \$10/each = \$ \_\_\_\_\_

Great for ongoing team formation or as a gift to peer leaders.

"Positively Dangerous" t-shirt in gray \_\_\_\_\_ t-shirts at \$12 each = \$ \_\_\_\_\_

\_\_\_S\_\_\_M\_\_\_L\_\_\_XL\_\_\_XXL

*ASAP*

PLEASE E-MAIL/MAIL THIS COMPLETED FORM BY July 2, 2010

TO MFischer@orlandodiocese.org AND MAIL A COPY OF THIS FORM WITH YOUR PER PERSON DEPOSIT OF \$25.00 + COST OF CHOSEN SUPPLEMENTAL ITEMS. CHECKS ARE PAYABLE TO THE DIOCESE OF ORLANDO. Mail to: Diocese of Orlando, Attn: Youth & Young Adult Ministry, PO Box 1800, Orlando, 32802-1800.

LOOK

Your Name: \_\_\_\_\_

ph # \_\_\_\_\_

are you buying \* Book? : \_\_\_\_\_

T-shirt? : \_\_\_\_\_ size \_\_\_\_\_

P.D. Youth  
3  
6  
2

Diocese of Orlando

OFFICE OF YOUTH & YOUNG ADULT MINISTRY •

PARENTAL/GUARDIAN CONSENT FORM, LIABILITY WAIVER & MEDICAL CONSENT (Transportation Provided)

please PRINT legibly

Youth Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Male Female (←please circle→) T-Shirt Size: S M L XL XXL XXXL  
Parent/Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Other number where Parent/Guardian can be reached during event: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

CONSENT & LIABILITY WAIVER

Important! To be filled out by the Parent/Guardian for youth under 18 years of age & individuals age 18 or older and in high school. Individuals age 18 or older and still in high school must also complete and submit a ADULT MEDICAL RELEASE AND LIABILITY WAIVER as well.

In consideration of the program in which my son/daughter will participate, I as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany [St. John Vianney Youth] program to:

**Event & Location:** Peer Ministry Retreat at Bishop Moore Catholic High School, 3901 Edgewater Dr. Orlando, FL 32804

**Date & Time:** Saturday, August 7, 2010 @8am - Sunday August 8, 2010 @ 4pm Cost \$55 - includes meals, lodging, etc. EXTRA \$10 for book, \$

**Method of Transportation:** Parent drop off and pick up at Bishop Moore. (SVJ Carpool from Annex upon request in advance only).

I acknowledge receipt of the attached information sheet describing the planned activities.

I acknowledge that [St. John Vianney Youth] is providing transportation only from the Church's property to and from the event. I acknowledge and assume the risk of this transportation for my child. My child must comply with the [St. John Vianney Youth] S rules and procedures. By granting this permission, I also waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, [St. John Vianney Youth], the Diocese of Orlando, and any of their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the program.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**YOUTH PARTICIPANT:** In signing the line below I agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent/guardian's expense.

Youth Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

VIDEO/PHOTOGRAPHY CONSENT

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Office of Youth and Young Adult Ministry &/or the Diocese of Orlando. (Participants would not be identified, however, without specific written consent.) Please note that the Office has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

I hereby expressly assign to the Diocese of Orlando, and to all its agents all the rights, title and interest in, and to all photos/ videotape recordings made by such in which my child appears and/or his/her voice is used in and in connection with the videotaping of this event. I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or any distribution of said photos/ videotape without limitation for any purpose whatsoever; and I further waive all rights to any compensation for my child's appearance or participation in the photographs/videotape recordings.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

(continued on back-Please complete BOTH sides of this form)

09/2009

P.D. YOUTH  
500

Diocese of Orlando  
OFFICE OF YOUTH & YOUNG ADULT MINISTRY •  
PARENTAL/GUARDIAN CONSENT FORM, LIABILITY WAIVER & MEDICAL CONSENT

please PRINT legibly

**Medical Matters**

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign/initial only those in accordance with your wishes:

**Emergency Medical Treatment**

In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Medications**

I hereby **Grant Permission** for my child to be given the following provided medications. My child will bring all such medications, well labeled. [NOTE: Any/all prescription medications must be in original pharmacy container with young person's name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person's name on the container.] (Please initial)

Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Administer: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Administer: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Administer: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Administer: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Administer: \_\_\_\_\_

**Medical Conditions Information:** (Diocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter:

- Is allergic to the following medications \_\_\_\_\_
- Has had an episode of the following or has been diagnosed with:  Seizures  Asthma  Diabetic
- Has had allergic reactions to the following (foods, dyes, latex, etc.) \_\_\_\_\_
- Has had a medical surgery within the last six months?  Yes  No Still under doctor's care?  Yes  No
- Has a medically prescribed diet (please explain) \_\_\_\_\_
- Has the following physical limitations \_\_\_\_\_
- Immunizations current and up to date?  Yes  No Date of last tetanus/diphtheria immunization \_\_\_\_\_
- You should also be aware of these special medical conditions of my child: \_\_\_\_\_

**Insurance Information**  No, I do not carry medical insurance at this time.

Insurance Carrier: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.

I fully understand the foregoing statements and sign this Parental/Guardian Consent Form, Liability Waiver & Medical Consent knowingly, freely, and willingly.

Parent/Guardian Signature (must sign for any participant under 18 &/or 18 or older & in high school) \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature (participant 18 years of age or older must sign) \_\_\_\_\_ Date \_\_\_\_\_

# ADULT FORM

Diocese of Orlando

OFFICE OF YOUTH & YOUNG ADULT MINISTRY •

MINISTRY LEADER, CHAPERONE, & ADULT MEDICAL RELEASE AND LIABILITY WAIVER (Transportation Not Provided)

To be filled out by individuals 18 years of age and older.

**Important!** For individuals 18 years of age or older and in high school, this form must be completed and submitted by the participant along with a PARENTAL/GUARDIAN CONSENT FORM, LIABILITY WAIVER & MEDICAL CONSENT.

(please PRINT legibly)

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Event & Location:** Positively Dangerous Peer Ministry Retreat at Bishop Moore High School 3901 Edgewater Dr. Orlando, FL 32804

**Date & Time:** Sat. Aug 7, 2010 at 8am- Sunday, Aug 8, 2010 at 4pm

**Transportation:** NOT PROVIDED

I hereby waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, St. John Vianney, the Diocese of Orlando, and any of their religious, employees, staff, volunteers, agents and representatives from any liability, claim, loss, damage, cost or expense arising from my participation in this event. I waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of this event. I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

*(The following request is pertinent information if you are rendered unconscious)*

Date of Birth (including year): \_\_\_\_\_ Age: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Please list ALL medical conditions /allergies / special health information:

Please list ANY medications (prescription or non-prescription) you would like us to be aware of:

Do you have Medical Insurance?  Yes  No

If yes, please provide the following information:

Insurance Company: \_\_\_\_\_

Policy in the name of: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.**

Signature \_\_\_\_\_

**In signing the line above I agree to abide by any/all policies and rules established for this event. Should I not be able to maintain the guidelines and expectations for this event, I understand that there will be consequences for my actions, which could include my being asked to leave the event.**

Participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Office of Youth and Young Adult Ministry &/or the Diocese of Orlando. (Participants would not be identified, however, without specific written consent) Please note that the Office has no control over the use of photographs or film taken by media that may be covering the event in which you participate.

I hereby expressly assign to the Diocese of Orlando, and to all it's agents all the rights, title and interest in, and to all photos/videotape recordings made by such in which I appear and/or my voice is used in and in connection with the videotaping of this event. I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or any distribution of said photos/videotape without limitation for any purpose whatsoever; and I further waive all rights to any compensation for my appearance or participation in the photographs/videotape recordings.

Signature \_\_\_\_\_

Date \_\_\_\_\_