



**St. Matthew Catholic Church  
High School Youth Ministry  
Winter Retreat “Chaos”  
Camp Thunderbird, January 26-28**



*(Keep this page somewhere handy for your information!)*

“Behold, I make all things new.” Revelation 21:5 He formed all of creation out of a dark void. He makes wars cease and there is stillness and peace in Him. He calmed the wild seas when the disciples were caught and afraid for their lives in a storm. God has a history of making **order** out of **chaos**.

**Cost:** \$175/participant (\$150 if registered before 1/1/2018)  
*Please make checks payable to St. Matthew Catholic Church*

**Arrival Time:** Friday, January 26<sup>th</sup> at 6:00pm  
Parish Center Family Room

*\*Please bring your completed paperwork and payment if you have not turned these in already. We will be traveling by bus to Camp Thunderbird.*

**Packing List:**

- Casual clothes, pajamas
- Sneakers/Close-toed Shoes for Outdoor Activities
- Sweatshirt/Jacket for Evening Activities
- “Decade Costume” for activity on Saturday
- Pillow & Sleeping Bag (and twin size sheet to cover mattress if you choose)
- Toiletries & Shower Shoes
- Positive Attitude & Open Heart

**Community Snack Contribution:**

**Girls:** Sweet Snack & Apples a/o Oranges

**Boys:** Salty Snack & Grapes a/o Bananas

**All:** Bottled Water

**Can Bring:**

- Bible, Rosary
- iPod, Cell Phone – *these items will remain in the cabins during Retreat activities.*
- Flashlight

**Don't Bring:**

Drugs, Alcohol, Weapons  
Bad Attitudes

**Finish Time:** Sunday, January 28<sup>th</sup> at 4pm  
*(Time subject to change based upon Mass/priest availability)*

**Parent Contribution:** We will need parents to help prep and serve some of the meals for us. You will be contacted by a member of our Youth Ministry team to see how you can help!

**Contact During Retreat:** St. Matthew Youth Ministry Phone – 704.699.8383  
Questions? Contact Daniel Torres ([dtorres@stmatthewcatholic.org](mailto:dtorres@stmatthewcatholic.org))



**St. Matthew Catholic Church High School Youth Ministry  
Winter Retreat – Camp Thunderbird  
Friday, January 26 – Sunday, January 28**



**St. Matthew Emergency & Release Form**

*To be completed by parent/guardian, and returned with payment to St. Matthew Youth Ministry Office.*

**Participant Name:** \_\_\_\_\_

**Participant Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**T-Shirt Size:** \_\_\_\_\_

**Participant Email (if applicable):** \_\_\_\_\_

**Part of our time will be spent in small groups... do you have a preference of who you are paired with (provided they sign up)?**

**Parent/Guardian Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent/Guardian Email:** \_\_\_\_\_

**Emergency contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Primary Physician/Phone:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Health History (please list any and all allergies, health conditions or concerns)**

**Medications (please list any and all medications being taken, reasons for taking and dosage/time taken)**

**Do you consent to allow you child to be given ibuprofen or acetaminophen if necessary?**

**Release:**

*I hereby consent to participation by my child in the event titled above. I understand that a portion of this event will take place away from parish grounds and that my child will be under supervision of the designated staff supervisor and adult volunteers. I further agree that I have received information about this event and consent to the condition of participation in this event, including the method of transportation. I give my permission for my child, in case of an emergency, to be taken to a physician or hospital by either the staff supervisor or by an adult volunteer chaperone. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected to hospitalize and secure proper treatment (including surgery) for my son/daughter/guardianship.*

*I give permission for the Diocese of Charlotte and/or St. Matthew Catholic Church to make use of pictures of my child for parish or diocesan publications and websites. I hereby release the Diocese of Charlotte, St. Matthew Catholic Church and all of its affiliated entities, including its employees and volunteers from all liability from damages suffered as a result of or relating to the use of any photograph, slide, videotape or audiotape of my child while participating in the program.*

**Parent/Guardian Name:** \_\_\_\_\_

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



# St. Matthew Catholic Church Youth Code of Conduct



I represent my family, St. Matthew and the Catholic Church. I will project an image of Christian consideration, sensitivity and respect for other people and the property around me.

I understand that I am acting as a role model and mentor for the children of St. Matthew and as such will be a representation of Christian responsibility, kindness and patience.

I will respect and adhere to all policies enforced by the adult volunteers, who will set an example by their conduct for me. If event is taking place off campus, I will respect and adhere to all policies set forth by the venue.

If event is an overnight, I understand that all cabins are gender specific and no one of the opposite gender may enter cabins, with the exception of the Youth Ministry staff person.

I understand that no one may leave the group or the premises without permission. In the unlikely event that a need to leave arises, I will seek the consent and permission of the Youth Ministry staff person.

I understand that all St. Matthew Youth Ministry events are designed as drug, alcohol, tobacco and BAD ATTITUDE free; and anyone found in possession of any of the above substances or attitudes will be dismissed immediately. Parents will be called at any hour to retrieve the person who violates this rule.

I agree that everyone is responsible for clean up.

**While at Retreat, I will respect all YMCA/Camp Thunderbird rules and stay out of off-limit areas.**

I have read and understand the above rules. I agree to abide by them for the duration of the Youth Ministry Event. I am aware that in failing to do so, I can be dismissed from the event.

**Youth Participant Name (printed):** \_\_\_\_\_

**Youth Participant Signature:** \_\_\_\_\_

**Parent/guardian Signature:** \_\_\_\_\_

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