January 15, 2016

Dear Marianist LIFE 2016 Student Participant;

On behalf of the Coordinating Team for this year’s Marianist LIFE Pacific summer program, I would like to congratulate you on being selected to your Marianist LIFE Team. I also welcome and thank you for your cooperation, support and commitment to this experience of building communities of faith. We are aware of the time that you will spend preparing and working with your fellow participants for this event, and we are doing our best to make Marianist LIFE 2016 a memorable and enriching experience.

Marianist LIFE Pacific will take place **June 19-24, 2016** at **CYO Camp and Retreat Center, 2136 Bohemian Highway, Occidental, CA 95465 (emergency phone: 707-874-0200).** For other questions or concerns regarding the program itself, please contact me at [soane808@gmail.com](mailto:soane808@gmail.com) or (818) 292-3871.

Since our schedule is rather full, both Marianist LIFE and the CYO have some definite rules, and there will be some restrictions and limitations on our activities. I would like to share a few of these rules for student participants:

1. Everyone must follow the Marianist LIFE 2016 schedule and participate in all activities.
2. All student participants will be held accountable to the agreement stating Marianist LIFE rules and expectations, which will be signed and sent in with your registration.
3. No visitors will be allowed during the time of the Marianist LIFE 2016 summer program.

If you have special health or dietary needs during the time you will be with the Marianist LIFE Summer Program, PLEASE NOTIFY YOUR MODERATOR TO CONTACT ME AS SOON AS POSSIBLE so I can facilitate your needs with CYO Camp & Retreat Center. If we do not notify the proper contact persons well in advance of any special needs, they may not be able to accommodate the requests.

TRAVEL

Your school/parish will be arranging your air travel to San Francisco International Airport, where you will be picked up as a group. CYO is roughly two hours from the airport, so LIFErs must adhere to the pick-up times at SFO if they are not traveling with the school/parish group. Please consult your moderator regarding your flight(s).

**Students are responsible for checked baggage fees at each airport.**

Local San Francisco LIFErs will be picked up and dropped off at Archbishop Riordan. We will send your moderator more information regarding arrival and departure times.

If you have any questions, please contact your moderators, and they will contact someone from the Coordinating Team on your behalf. Once again, we welcome you as a participant in Marianist LIFE 2016 and ask you to keep the success of this year’s program in your prayers. By praying for one another we can truly receive graces that can enrich us before, during and after our Marianist Living In Faith Experience this summer.

Peace,

Soane Uiagalelei

Regional Coordinator, Marianist LIFE Pacific

**Student Registration Form**

|  |  |  |
| --- | --- | --- |
| Last Name  Click here to enter text. | First Name  Click here to enter text. | School/Parish Name |
| Preferred name for badge  Click here to enter text. | Check the grade you are entering  Junior  Senior | Student’s Phone number(s)  (H) Click here to enter text.  (C) Click here to enter text. |
|  |  |  |
| Home Address  Street:Click here to enter text.  City, State, Zip :Click here to enter text. | Student’s Email Address  Click here to enter text. | Gender  Male  Female  T-shirt size: |
|  |  |  |
| Birth Date (mm/dd/yyyy)  Click here to enter text. | Name of Parents/Guardians  Click here to enter text. | Phone Numbers Parents/Guardians  Click here to enter text. |
| **Parent/Guardian Email Address** Please provide a **parent** email address that is checked regularly. | Click here to enter text. |  |
| What involvement have you had in youth/campus ministry and retreats?  Click here to enter text. | Why do you want to attend Marianist LIFE?  Click here to enter text. | What school/parish/community activities are you involved in?  Click here to enter text. |
| **Please note dietary restrictions:**  **(*also inform your Moderators ASAP)***  Click here to enter text. | Student Signature | Parent Signature |

*If you play a portable musical instrument and are willing to play for liturgies and other social events, please bring it.*

**STUDENT PARTICIPANT AGREEMENT**

**AND CODE OF CONDUCT**

Since 1970, the Marianists (Society of Mary) have offered a unique experience in building Christian communities of faith for groups of teenagers and moderators. As a faith formation and leadership training program, Marianist LIFE fosters an environment in which participants learn to build Christian community, reflect upon their experiences, and prepare consciously and responsibly to extend the richness of the Marianist LIFE tradition of their parish, school, and home communities.

**These are standards and expectations that will aid in fostering the community spirit that Marianist LIFE has come to enjoy over the years:**

* **I agree** to cooperate with the Marianist LIFE Coordinating Team, Moderators, Staff and Participants in order that we all might benefit and be enriched by this program.
* **I will** respect other people and myself regarding safety, courtesy and property.
* **I agree** to dress appropriately and modestly since I represent my school and/or parish during this program of Christian faith formation.
* **I agree** to be present at all program sessions in their entirety, which include those that may extend late into the night.
* **I agree** to maintain a retreat atmosphere and remove myself from everyday luxuries, including regular use of cell/smart phones, laptops and/or any two-way communications devices. Cell phones are permitted while traveling to and from the program; however they are NOT permitted at any point during the summer program. Moreover, phones will be collected by moderators and will remain in safe keeping for the duration of the summer program. Phones will be available for emergencies or special circumstances upon the discretion of the Marianist LIFE staff. (Parents and/or guardians can call the program site or Regional Coordinator directly in emergency situations.

**I am aware** that violations of this respect include, but are not limited to:

* The possession and/or use of alcohol, tobacco products, non-prescription medications (without adult consent) and other drugs
* Leaving the program site without an adult Marianist LIFE staff member (special arrangements are made for joggers and runners and will be explained at the start of the program
* Leaving my bedroom after “Lights Out” and/or breaking curfew policies set by Marianist LIFE (these times and policies will be explained at the beginning of the summer program)
* Possession and/or use of fireworks and firearms
* Vandalism or disrespecting property of any kind
* Entering a designated swimming area without the presence of the staff lifeguard
* Any other significant violation of rules of safety, courtesy and respect

**Can result in**

* An immediate phone call to my parent or guardian, regardless of the time of day or night
* A phone call and written report of the incident made to my school principal or parish pastor
* Possible dismissal from the Marianist LIFE 2016 summer program with transportation home arranged at my expense, and/or
* Some other appropriate disciplinary consequence agreed upon by the Marianist LIFE Coordinating Team

My signature below indicates that we have read, understand and concur with the terms of this agreement.

Signature of Marianist LIFE Participant Date

Signature of Parent/Guardian Date

**MEDICAL RELEASE AND HOLD HARMLESS**

Date: Click here to enter text.

NAME of Student Participant: Click here to enter text.

ADDRESS: Click here to enter text.

PHONE: Click here to enter text.

FUNCTION/ACTIVITY: **Marianist LIFE Pacific**

DATES AND TIMES OF ACTIVITY: **June 19-June 24, 2016 (student participants)**

LOCATION OF ACTIVITY: **Camp and Retreat Center in Occidental, CA**

**RELINQUISH OF CLAIMS AGAINST the MARIANIST PROVINCE OF THE UNITED STATES**

I recognize and acknowledge that there are risks in my presence and participation in the MARIANIST PROVINCE OF THE UNITED STATES sponsored program. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against the MARIANIST PROVINCE OF THE UNITED STATES, including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of, in connection with the transportation to and/or from the event, or any activity my child/ward participates in while attending the sponsored program.

**MEDICAL RELEASE**

My permission is hereby given to the representative of the MARIANIST PROVINCE OF THE UNITED STATES to authorize, by signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency involving:

Student participant (name typed/printed): Click here to enter text.

Parent/Guardian Signature:

Parent/Guardian (name typed/printed) Click here to enter text.

**(Attach a copy of participant’s current health benefit medical card)**

Company Name and type of Plan: Click here to enter text.

Please check if the above is military insurance and dependent is not provided with a card. Provide information below:

Military Insurance Information: Click here to enter text.

Individual to contact in case of emergency Click here to enter text.

Relationship to Participant Click here to enter text.

Emergency Contact’s Telephone Click here to enter text.

FAMILY PHYSICIAN: Click here to enter text.

PHONE: Click here to enter text.

CITY: Click here to enter text.

**MEDICAL NOTIFICATION**

NAME (Last, First, M.I.) Click here to enter text.

INSTITUTION

List any medications participant is bringing to the summer program.

Student medications must be turned in to the medical staff upon arrival.

|  |  |
| --- | --- |
| **Medication Name** | **Dosage** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

*(If additional space is needed, please attach an additional page)*

|  |
| --- |
| List any medical issues of which our staff nurse should be aware (surgery, sleepwalking, illness …)  Click here to enter text. |

|  |
| --- |
| Do you have any allergies or other reactions?  (severe reactions to bug bites, fatigue, dehydration, allergies to food, aerosols, etc.)  Click here to enter text. |

I authorize the nurse to dispense

Tylenol Ibuprofen Benadryl TUMS (Check all that apply)

**These medications will be available. All others must be provided by parent.**

Parent/Guardian Signature

**THE MARIANIST PROVINCE OF THE UNITED STATES PROGRAM AGREEMENT**

**BETWEEN THE MARIANIST PROVINCE OF THE UNITED STATES AND GUARDIAN/PARTICIPANT**

The following agreement must be read, understood and signed by each person participating in the Program in the out of state/country trip. The participant and the guardian signing this instrument has legal right to do so and is competent to enter into this agreement.

We, the Participant and myself, acknowledge that he or she enters into this agreement on their own volition and understands and agrees to the following terms:

1. I/We understand that the MARIANIST PROVINCE OF THE UNITED STATES has made arrangements with a travel agency for my transportation to, from and throughout various regions outside of Missouri and the United States.
2. We also understand that there may be times where (he/she) will be responsible for my own independent travel. I/We hereby waive, release and hold harmless THE MARIANIST PROVINCE OF THE UNITED STATES and its employees and agents from any and all claims due to injury, loss, damage, delay, expenses, personal injuries, property damage or wrongful death arising from my participation in the MARIANIST PROVINCE OF THE UNITED STATES Program regardless of whether such claims arise from violence, sickness, government restrictions, government regulations, insurrection or incidents that are politically motivated including but not limited to war, acts of terrorism or strikes. I/We also waive, release and indemnify THE MARIANIST PROVINCE OF THE UNITED STATES, its employees and agents that arises from transportation in any vehicle, or from the selection of or any act of any travel agency, airline, railroad, bus company, taxi service, hotel, restaurant, school, or any other firm, agency, company or individual.
3. I will comply with all THE MARIANIST PROVINCE OF THE UNITED STATES rules, standards, and instructions for behavior and conduct. I/We agree that the MARIANIST PROVINCE OF THE UNITED STATES shall have the right to enforce appropriate standards of conduct and that it may at any time terminate his/her participation in the Marianist LIFE summer program for failure to maintain these standards or for any actions or conduct which the MARIANIST PROVINCE OF THE UNITED STATES considers to be incompatible with the interests, harmony, comfort, and welfare of other participants. If his/her participation is terminated, I/We consent to being sent home at my/our own expense with no refund of fees.
4. I/We understand that in any program involving travel, certain risks may be incurred. I/We acknowledge that the travel to and from Bergamo Center contains certain risks, and therefore, I/We, my heirs and assigns, do hereby assume all risks involved with this Marianist LIFE summer program and agree to hold THE MARIANIST PROVINCE OF THE UNITED STATES, its employees and its agents, without responsibility for damages or other liability or losses arising out of or in connection in any way with my participation in any activities involved in this Marianist LIFE summer program.
5. I hereby grant THE MARIANIST PROVINCE OF THE UNITED STATES, its employees and its agents, full authority to take whatever actions they may consider to be necessary and warranted under the circumstances regarding my health and safety and I/We fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I/We authorize THE MARIANIST PROVINCE OF THE UNITED STATES, its employees and its agents, at their discretion to place him/her without further consent, in a hospital within or outside of the United States for medical services and treatment, or if no hospital is readily available to place me in the hands of a local medical doctor for treatment. If deemed necessary or desirable by the MARIANIST PROVINCE OF THE UNITED STATES, its employees or agents, I/we authorize them to transport me back to the United States by commercial airline or otherwise at my own expense for medical treatment. The MARIANIST PROVINCE OF THE UNITED STATES may take whatever action it deems necessary and in my best interests, including transporting me back home at my own expense, due to any natural disaster, civil emergency, international or political unrest, personal emergency, or other event which THE MARIANIST PROVINCE OF THE UNITED STATES determines, in its sole discretion, warrants such action.
6. I/We understand that my participation agreement with THE MARIANIST PROVINCE OF THE UNITED STATES cannot be modified or interpreted except in writing by the MARIANIST PROVINCE OF THE UNITED STATES and that no oral modification or interpretation shall have any validity whatsoever.

Signature of Student Participant

Signature of Parent/Guardian

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Date

**MEDIA RELEASE FORM**

Date (MM/DD/YY)

I hereby grant the Marianist Province of the United States permission to interview me and/or use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by the Marianist Province of the United States, in perpetuity, and for other use by the Marianists. I will make no monetary or other claim against the Marianist Province of the United States for the use of the interview and/or the photograph(s)/video.

Student’s Name (print full name) Click here to enter text.

Student’s Signature

Name of Parent/Guardian Click here to enter text.

Signature of Parent/Guardian

Relation to Student Click here to enter text.

Street Address Click here to enter text.

City Click here to enter text.

State Click here to enter text.

Zip Click here to enter text.

Telephone Click here to enter text.

Requested by: MARIANIST LIFE