

# 2010-2011 - Important Diocesan Youth Information

This packet contains applications that are to be used to attend the youth retreats sponsored by the Diocese of Western Louisiana.

Both participant and staff applications are included. Please make copies as needed.

NOTE THAT THE YOUTH ARE REQUIRED TO SUBMIT SEPARATE APPLICATIONS FOR EACH EVENT THEY ATTEND.

PLEASE SUBMIT APPLICATIONS TWO WEEKS PRIOR TO AN EVENT. THIS IS NECESSARY FOR FOOD PREPARATION AT CAMP HARDTNER.

Applications may also be downloaded from the Diocesan website at [www.diocesewla.org](http://www.diocesewla.org) under Youth Ministry.

If you have additional questions, please contact:

Michael Bordelon [Thrans@bellsouth.net](mailto:Thrans@bellsouth.net) 318-729-7842

It is our intent that all youth be given the opportunity to attend retreats at Camp Hardtner. Scholarships are available, if necessary.

## Diocesan Youth Events

### **November 18 – 20 , 2011**

J.E.Y.L. Retreat Weekend for 6<sup>th</sup> – 8<sup>th</sup> grades @ Camp Hardtner

### **January 20 – 22 , 2012**

Happening #49 for 9th – 12 grades @ Camp Hardtner

### **February 11, 2012**

Bishop's Ball #7 for Youth @ St. Timothy's

### **February 24 – 26 , 2012**

Son Rise for 6th – 8th grades @ Camp Hardtner

### **March 16 – 18 , 2012**

C.L.E.Y. Retreat Weekend for 9th – 12th grades @ Camp Hardtner

# The Diocese of Western Louisiana

Camp Hardtner, 2393 Camp Hardtner Road, Pollock LA 71467  
318-765-3794 Email: [office@camphardtner.org](mailto:office@camphardtner.org)

Participant Application for 2011 – 2012 (Page 1 of 2)

Please check the event you wish to attend. A new application is required for each weekend event.

<b>J.E.Y.L.</b>	November 18-20, 2011	6 <sup>th</sup> – 8 <sup>th</sup> Graders Only	_____
<b>Happening # 49</b>	January 20-22, 2012	9 <sup>th</sup> – 12 <sup>th</sup> Graders Only	_____
<b>Son Rise</b>	February 24-26, 2012	6 <sup>th</sup> – 8 <sup>th</sup> Graders Only	_____
<b>C.L.E.Y.</b>	March 16-18, 2012	9 <sup>th</sup> – 12 <sup>th</sup> Graders Only	_____

## PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Male or Female \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ T-Shirt size: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone of Parent/Guardian (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name & Phone Number: \_\_\_\_\_

Church: \_\_\_\_\_ City: \_\_\_\_\_

Signature of Parish Priest or Senior Warden: \_\_\_\_\_

Registration begins at 6:00 PM on Friday evening of the event. Please eat before you arrive. **NO meals** will be served on Friday evening. Bring all items necessary for staying at Camp: twin bed linens, towels, toiletries, etc. Please remember to bring appropriate clothing and a flash light. The use of cell phones will NOT be allowed, so please refrain from bringing them. If an emergency occurs and a phone is necessary, one will be provided.

**All youth events in the Diocese of Western Louisiana prohibit the use of tobacco products, alcohol, drugs, and sexual misconduct. I, the undersigned, understand that if I violate these rules my parent or guardian will be contacted to pick me up immediately.**

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Parent or Guardian's Signature*

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

**The cost to attend a weekend retreat is \$75.00.** Please make checks payable to Camp Hardtner and mail with application to Camp Hardtner, 2393 Camp Hardtner Road, Pollock LA 71467. Note: It is our intent that all youth be given the opportunity to attend retreats at Camp Hardtner. Scholarships are available.

PAGE 2 of Participant Application  
**Permission/Medical Release Form**

It is MANDATORY for all medical and insurance information to be completed.  
**Important: Attach copy of both sides of insurance card!**

Health Provider Name, Policy #, Group # \_\_\_\_\_

Health Provider Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Allergies, Reaction, Treatment: \_\_\_\_\_

Food Allergies, Diet Restrictions: \_\_\_\_\_

Physical Restrictions: \_\_\_\_\_

Chronic or Recurring Illnesses: (Asthma, Migraines, Etc.) \_\_\_\_\_

Medications Being Sent with Participant: \_\_\_\_\_

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*(Note: Prescribed Medicines must be in original pharmacy container with correct name, date, instructions and physician's name on the label.)*

Any over-the-counter medications that the Participant may not receive? Y    N  
*Examples: Tylenol, Advil, Pepto-Bismol, etc.*

If YES, list all: \_\_\_\_\_

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I, the undersigned parent of the applicant shown above hereby give my authorization and permission to participate in this retreat at Camp Hardtner. I represent that my child is healthy and capable of participation in said event without causing risk of danger, illness or accident to him/herself or to others. I agree to hold harmless Camp Hardtner, the leaders of my church, leaders of other churches involved, the event coordinators, the Bishop of Diocese of Western Louisiana and the Diocese of Western Louisiana in the event of accident or injury. In the event that my child requires medical attention while attending the event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be contacted immediately, or because of an emergency, there is no time or opportunity to make such contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent. I declare my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered under insurance or not.

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*Applicant's Signature*

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*Parent or Guardian's Signature*

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*Date*

**\*\*\*STAFF APPLICATION\*\*\***  
**ALL NYC YOUTH EVENTS**

**Mail or Fax Application to:**

Michael Bordelon  
70 Janell Dr  
Alexandria, LA  
Fax 866-302-3423

**Contact Information:**

Email: Thrans@bellsouth.net  
Cell phone 318-729-7842 (call or text)  
Home Phone 318-787-6001

Please check the event you wish to staff.

<b>J.E.Y.L.</b>	November 18-20, 2011	High School Staff Only	_____
<b>Happening # 49</b>	January 20-22, 2012	High School Staff Only	_____
<b>Son Rise</b>	February 24-26, 2012	High School Staff Only	_____
<b>C.L.E.Y.</b>	March 16-18, 2012	College Age Staff Only	_____

**SEPARATE STAFF APPLICATIONS ARE REQUIRED FOR EACH WEEKEND!**

PRINT CLEARLY:

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Male or Female \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ T-Shirt size: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone of Parent/Guardian (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name & Phone Number: \_\_\_\_\_

Church: \_\_\_\_\_ City: \_\_\_\_\_

What weekend events have you served on Staff? \_\_\_\_\_

Have you attended "Safeguarding God's Children"? \_\_\_\_\_

Do you play a musical instrument? Y N If so, what? \_\_\_\_\_

*Please note that this is an application to be on staff only. You will be notified by the Dean of the weekend if you are chosen to staff this particular weekend. There is a limit to the number of youth that can staff each weekend. Therefore, some applications may not be accepted. Each staff member will also be asked by their Dean to bring a snack item to share with the entire group. Contact Michael Bordelon if you have any questions.*

***The cost to be on staff will be \$50.00 per staff member, except for Happening which is \$70.00 due to an additional overnight stay. Scholarships may be available.***

PAGE 2 of STAFF Application  
**Permission/Medical Release Form**

It is MANDATORY for all medical and insurance information to be completed.  
**Important: Attach copy of both sides of insurance card!**

Health Provider Name, Policy #, Group # \_\_\_\_\_

Health Provider Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Allergies, Reaction, Treatment: \_\_\_\_\_

Food Allergies, Diet Restrictions: \_\_\_\_\_

Physical Restrictions: \_\_\_\_\_

Chronic or Recurring Illnesses: (Asthma, Migraines, Etc.) \_\_\_\_\_

Medications Being Sent with Staff Applicant: \_\_\_\_\_

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*(Note: Prescribed Medicines must be in original pharmacy container with correct name, date, instructions and physician's name on the label.)*

Any over-the-counter medications that the Staff Applicant may not receive? Y    N  
*Examples: Tylenol, Advil, Pepto-Bismol, etc.*

If YES, list all: \_\_\_\_\_

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I, the undersigned parent of the staff applicant shown above hereby give my authorization and permission to participate in this retreat at Camp Hardtner. I represent that my child is healthy and capable of participation in said event without causing risk of danger, illness or accident to him/herself or to others. I agree to hold harmless Camp Hardtner, the leaders of my church, leaders of other churches involved, the event coordinators, the Bishop of the Diocese of Western Louisiana and the Diocese of Western Louisiana in the event of accident or injury. In the event that my child requires medical attention while attending the event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be contacted immediately, or because of an emergency, there is no time or opportunity to make such contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent. I declare my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered under insurance or not. **All youth events in the Diocese of Western Louisiana prohibit the use of tobacco products, alcohol, drugs, and sexual misconduct. I, the undersigned staff applicant, understand that if I violate these rules, I will not be allowed to remain at the weekend event.**

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*Staff Applicant's Signature*

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*Parent or Guardian's Signature (if under 18)*

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*Date*

## **Additional Information Sheet for Happening Staff**

Happening #50 - January 20 - 22, 2012

Retain for your information!

### **YOUR HAPPENING STAFF APPLICATION SHOULD BE SUBMITTED BY**

**November 26, 2011.** The staff application can be faxed to 866-302-3423 or mailed to 70 Janell Dr; Alexandria, LA 71303. You will be notified if you have been selected to serve. Contact Information:

- Email [Thrans@bellsouth.net](mailto:Thrans@bellsouth.net)
- Michael Bordelon - Cell phone 318-729-7842 (call or text)
- Home phone 318-767-6001

Please be sure to check ALL of the meeting dates shown below. It is extremely important that you attend all of the scheduled planning meetings for Happening. Every year we have ACT, Band, Dance, Sports or other forms of competition on the weekends. Call if you have any concerns about attending the meetings. You **MUST** confirm your absence from a meeting ahead of time and **NO ONE SHOULD MISS THE OVERNIGHT MEETING.**

Scheduled Happening Meeting Dates:

**Meeting # 1            Saturday, December 3, 2011 - Alexandria, LA**

**Meeting #2            Saturday, December 17, 2011 - Alexandria, LA**

**Meeting #3            Friday, January 6 – Saturday, January 7, 2012 – Camp Hardtner**

Cost to staff Happening is \$70.00 due to the overnight stay at Camp Hardtner in January. Scholarships may be available, if needed.

**HAPPENING IS A SPECIAL WEEKEND** - Please discuss with your parents that the weekend will last from Noon on Friday until 6:00 PM on Sunday. Staff cannot leave until all cleanup is finished on Sunday. **STAFF WILL ARRIVE HOME LATER THAN A NORMAL WEEKEND!**

On your application please write just a little bit of what Happening means to you; It can be one word to ten pages (joke: please don't send ten pages) but a few words will be fine. It helps to start thinking about the weekend and the affect it had on you. Use these thoughts and feeling to preparing for the meetings and weekend. Remember how you felt and how we can help others share in this Happening!

Also write on your application if you play a musical instrument.