

June 1, 2011

Dear Friends,

It is that time of the year again to register for the Annual Retreat. It is scheduled for Friday, August 19 through Sunday, August, 21, 2011. It will be at Living Waters Retreat Center.

If you remember Blessed Sacrament in Scottsdale now sponsors the retreat so will meet there at 1:30 PM on Friday, August 19th. The bus will leave by 2:30 PM.

Please make sure you eat before coming to the parish as there is nothing there to eat. You are welcome to bring your lunch and eat before you board the bus.

There has been a grant made possible for this year and so because of that the costs for the participant will stay at \$65.00. As always this includes transportation, food, lodging and supplies. The costs for caretakers, parents/guardians will also remain \$80.00 for the weekend. Please do not let the cost of the retreat keep you from attending. If you need assistance please contact Larry at, 480-998-1665 x216 and he will assist you in any way that he can.

We have a limited amount of space so it is important that you get your registration in as soon as possible there will be a limit of one parent or guardian per individual retreatant. The last day for accepting registration will be August 12, 2011.

As you fill out the registration forms please make sure you clearly print all of the information and most especially that dealing with the medications you take. Those who self medicate will continue to do so, but make sure the meds come in their original containers and that the information regarding dosage and type of medicine is provided in case of an emergency. Those needing assistance with their medicine must bring medicine in the original container with the correct dosage and name of medicine. Meds will be distributed according to the schedule provided on the medicine form.

While it remains the preference of the team that participants bring their own, clearly marked and in original containers over the counter drugs there will be a limited amount of items available, such as Tylenol, Aspirin, Tums etc. In order to provide these over the counter medicines please sign the area on the medication form allowing us to provide these medicines. It is also important that you give specifics as to what over the counter medicines participants are allergic to.

There is a registration that is available on line and it would make filling it out much easier for you. After the forms are completed, please return them and your check in the self-addressed envelope provided for you. You can get the PDF file at: www.blessedsacramentscotts.org

Remember all you need to bring is your clothes, shampoo, toothbrushes, toothpaste, pajamas and any other special item you might want. The most important thing to bring is yourself and be ready to grow in love with God and each other.

We look forward to seeing you in August!

Peace and blessings,

Emmaus Retreat Team

Registration
 Emmaus Retreat for Persons with Developmental Disabilities
 "Fabulous Foundations"
 August 19, 20 and 21, 2011

To Register: Complete the registration form below and **return by August 5, 2011**
 (Checks should be made out to Blessed Sacrament Church/Emmaus Retreat)

Send to: Emmaus Retreat
 c/o Blessed Sacrament Catholic Church
 11300 North 64th Street
 Scottsdale, AZ 85253

Please print or type the following information about the participant:

Last Name:					
First Name:					
Address:					
City:		State:		Zip:	
Phone:					

Please print or type the contact information in the event of an emergency:

First Name:					
Address:					
City:		State:		Zip:	
Home Phone:		Cell:			
Other:					

Does the participant have any of the following:

Seizures	Yes	No	Has participant been gone overnight:	Yes	No
Allergies	Yes	No	Does participant have limitations:	Yes	No
Diabetes	Yes	No		Yes	No

Please explain allergies or limitations. This includes over the counter medications:

Does the participant self medicate: Yes___No___ if yes, please sign below to allow them to do so on the retreat.

Parent/Guardian Signature _____

Date _____

In an emergency, I authorize treatment be provided to _____
Name of participant

I further authorize retreat personnel to transport and obtain such treatment as required.

Parent/Guardian Signature _____

Date _____

**The Community of Blessed Sacrament
Press/Picture Release Form**

I hereby grant my consent to use and release to the Community of Blessed Sacrament and or other sponsoring agencies, the use of my name and my likeness or my ward's name or likeness, whether in still, motion pictures, audio, or video tape, photograph and/or other reproductions of me or my adult child, including voice and features, with or without names, for any promotional purposes involving the parish, program or a story in The Catholic Sun, or other media, or other purpose whatsoever, except for endorsement of any commercial products.

I further agree that the parish may use or cause to be used, these items for any and all broadcasts, publications or reproductions without limitation or reservation of any fee.

Date: _____

Please Print Name: _____

Parent/Guardian/Participant Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Retreat Participant: _____

THE PURPOSE OF THIS FORM IS TO ALLOW US TO USE
PICTURES IN PUBLICATIONS, BROCHURES, NEWS ITEMS,
VIDEO TAPES, PARISH/PROGRAM EVENTS OR OTHER VENUES.

Medical Information

Please Print Participant Information

First Name:	Last Name:
Address:	
City:	State: Zip:
Telephone: (Home)	(Cell)
Self-medicates: Yes No	

Please Print Emergency Contact Information

First Name:	Last Name:	
Telephone: (H)	(Cell)	(Other)

Please Print List of Allergies

Please Describe Reaction(s)

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Dear Parent/ Guardian:

Before the participant can attend the retreat the following information must be completed and returned to the Blessed Sacrament Parish by August 12, 2011.

- If the participant self-medicates we still need to have the exact dosage and names of the medications in the event of an emergency.
- If the participant needs assistance please provide the medication(s) in the original container as well as the dosage.
- The medicine(s) will be collected prior to the participants leaving the parish.
- Please list each medication on a separate line and mark the appropriate time they are to be administered.
- **I give permission for _____ to be given over-the-counter medication.**

Name of participant
- _____

Parent/Guardian Signature

Date

PLEASE LIST ALL MEDICATIONS ON THE BACK OF THIS PAGE

**Meds Administered
Staff Use Only**

Participants Name: _____

	Friday Dinner	Friday Bed	Saturday Breakfast	Saturday Lunch	Saturday Dinner	Saturday Bed	Sunday Breakfast	Sunday Lunch
Time & Initial								
Time & Initial								
Time & Initial								
Time & Initial								
Time & Initial								
Time & Initial								
Time & Initial								
Time & Initial								
Time & Initial								
Time & Initial								

Comments: _____

