## **WORLD'S GREATEST #18**

When: Saturday, March 9, 9am - Sunday, March 10, 7pm, 2019

Where: Bergamo Center for Lifelong Learning

Cost: \$95.00 (Includes Food, Lodging and T-shirt)

Registrations Need to be in to Bergamo Center No Later Than Feb. 26.

### Spaces Are Limited!!

If you are unable to attend the full retreat, we kindly ask you not to register.

A \$45 deposit will hold your spot. The Retreat commonly fills up.

#### PLEASE SEPARATE & RETURN THE BOTTOM PORTION OF THIS REGISTRATION FORM

TELACE GET ATTAIL & REPORT THE BOTTOM TOTALISM OF THE REGIONATION TOTAL			
NAME:			
ADDRESS:	<del>_</del>		
SCHOOL ATTENDING:			
EMAIL ADDRESS:			
T-SHIRT SIZEROOM MATE REQUEST:			
PAYMENT: \$45 NON REFUNDABLE DEPOSIT (pay remain	ning balance by Feb. 26)		
(Final payments not submitted by due date may lose rese	erved spot.)		
Pay in Full			
Please make all checks payable to Bergamo Center			
Mail registrations/ release forms/ checks to:			
Bergamo Center			

Attn: Kevin Kozlowski 4400 Shakertown Rd. Dayton, OH 45430

# ARCHDIOCESE OF CINCINNATI PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 8-2013)

1.	I, the lawful parent or guardian of		
2.	I further understand that my Child's participation is purely voluntary and is a privilege and not a right, and that my Child, and I o behalf of my Child, elect to participate in spite of the risks.		
3.	. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.		
4. I appoint the Archbishop or his agents who are acting as leaders of the activity as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, ill or medical emergency occurs during the activity or related travel:			
	(i) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the Child.		
	(ii) I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.		
5.	This power of attorney shall lapse automatically upon completion of the activity and related travel.		
6.	I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities. (Facebook, texting, etc.)		
7.	This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.		
and	we carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release Medical Power of Attorney shall be effective and binding upon me, my Child, and my own and my Child's personal resentative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.		
Sig	nature of Parent or Guardian Date/		
Но	ne Address Zip		
Pla	ce of Employment		
Wo	rk Address City Zip		
Par	ent or Guardian Phone No. (w) (h)		

Emergency Contact \_\_\_\_\_\_ Phone No. (w) \_\_\_\_\_ (h) \_\_\_\_\_

### ${\bf Medical\ Information-Completed\ by\ Parent\ or\ Guardian-Please\ Print}$

Child's Name	Birth date //
Child's Soc. Sec. No. *	
Allergies	
Medications	
Chronic Conditions (e.g. epilepsy, diabetes)	
Medical Insurance Co.	Policy No
Member's Name	Phone No. (h)(w)
Member's Birth date/ N	Member's Soc. Sec. No. *
Family Doctor	Phone No
* Social Security Number is opt	ional. Please note that some hospitals WILL NOT treat without it.
	(See Activity Information form below)
	ACTIVITY INFORMATION
<b>One-Time Activity</b>	
Church Agency Bergamo Center Activity Wor	ld's Greatest Retreat #18 2019
Location Bergamo Center 4044 Shakertown R	Rd, Dayton OH 45430 Emergency No. 937-426-2363 Cost \$95
Starting Date and Time <u>3/9/19 – 9 AM</u>	nding Date and Time <u>3/10/19 – 7 PM</u>
Activities Involved Prayer Activities, Ice	breakers, Mixers, Skits, Small Group Activities, Spiritual Bonding Activities
Type of Transportation (if any) Carpooling is on	<u>1 your own</u>
Group Leader <b>Kevin Kozlowski</b> Telephone No	o. <u>937-426-2363</u>
Other Information	
_X_ Check here if any additional informatio activities, etc.) may be attached to further infor	n is attached. (Note: any additional activity information (e.g. schedule, list of specific m parents(s) or guardian(s).

Attention all Teens WORLD'S GREATEST RETREAT 15 Looking for Leaders!!!

For World's Greatest there is always a huge amount of those who would like to be on the Leadership team. Here is what I am asking for.

- A letter directed to me (KOZ) stating why you would like to be a leader for World's Greatest 15. I will then hand these letters to the director of programming and they will select the leaders based on 3 aspects
- 1. Picking a certain amount of people from their background. Meaning we can only have a certain amount of leaders from certain areas. Don't worry, if the letters do not truly effect the meaning of World's Greatest 14, I will not select a person just to fill in the spot we can have the right numbers! The leaders that carry the right spiritual idea will be picked for the retreat.
- 2. With World's Greatest we ask for a strong commitment from the team for this retreat.
- 3. We ask leaders to be living a lifestyle that is befitting of a Christian Life. If anything in church or in your life at school is conflicted with inappropriate behavior...then you will not be considered for the team.

This letter must be submitted to me by: NO LATER THAN DECEMBER 14TH

If you submit this letter in a day late... you will not be on team! You can submit this letter by mail to me at 4400 Shakertown Rd.

Dayton, OH 45430

Or by Email at Kevink@bergamocenter.org

Before you also commit to this please know what I am asking of you!

- You must be willing to give a witness talk
- You must be willing to act in a one act play
- You must be willing to lead a small group with someone who you will probably not be very close with and develop a relationship with that person.
- You must attend at least 6 out of the 8 meetings...The first and last meeting which is mandatory!!!

The first meeting for the TEAM is Mandatory and it will be on...

WEDNESDAY, JAN. 6 – 6 TILL 8 PM

World's Greatest Retreat was built off the idea of showcasing new ideas in retreats and creating bonds between a wide diversity of High School Students. This group has consisted of students who have in the last 10 years come from the following schools.

- Troy - Tecumseh - Alter - Carroll - Watterson - Miami East - Wayne -Centerville -CJ - McAuley -Sidney-Lehman - Beavercreek - - Kenton Ridge -Springfield Catholic Central - Fenwick - Celina - Tippecanoe - Bellbrook- Seton ...and so much more.

This retreat is based on Diversity and the basic understanding that each one of us is created in the greatest image and that is the image of God and we must respect and see each other in that image. Thank you all for your interest and I can't wait to work with you on this amazing retreat!