



ACTION 2018

**PLEASE
RETURN TO
OES BY
August 24th**

September 20-23, 2018 Group Registration Form

School: _____

Student Participant Information: (please print clearly)

It is important to have the student names correct for the name tags.

1. Name _____ Male _____
 E-Mail Address _____ Female _____
 Grade _____
 Date of Birth _____
 T-Shirt Size _____

.....

2. Name _____ Male _____
 E-Mail Address _____ Female _____
 Grade _____
 Date of Birth _____
 T-Shirt Size _____

.....

3. Name _____ Male _____
 E-Mail Address _____ Female _____
 Grade _____
 Date of Birth _____
 T-Shirt Size _____

.....

Moderator Participant Information:

1. Name _____ Male _____
E-Mail Address _____ Female _____
Cell Phone # _____ Date of Birth _____
(For emergency use only) (year is optional)
T-Shirt Size _____

Please send OES your travel arrangements as soon as possible.

<i>Arrival Date</i>	<i>Jacksonville Int'l</i>	<i>Airline/Flight Number</i>	<i>Arrival Time</i>
<i>Departure Date</i>	<i>Jacksonville Int'l</i>	<i>Airline /Flight Number</i>	<i>Departure Time</i>

_____ *We will rent a car at the airport and drive to the retreat center.*

_____ *We will need a pickup and return ride to the airport.*

_____ *We will use Uber to get back and forth from the airport.*

Early arrival on Wednesday, September 19th is reserved for schools traveling from a long distance. Please contact Maureen about availability of rooms for your school.

Please return this form as soon as possible, but no later than **August 24, 2018.**

Connie Barbarotto – Office of Educational Services

Fax: (914) 636-0021

E-mail: cab@cbinstitute.org

Phone: (914) 636-6194 ext. 131

Thank you!



ACTION 2018

**Edmund Rice Christian Brothers North America
Student Leadership Workshop**

ADVOCACY FAIR

Presence, Compassion, Liberation

For ACTION 2018, each school will prepare a display for an Advocacy Fair that highlights an ACTIVITY which demonstrates how Advocacy for the Poor is practiced at the school.

At the Advocacy Fair (like a college fair) each school will have a table to showcase and “sell” their activity to everyone.

1. Set up a *display* (poster or laptop with a PowerPoint presentation) that explains the activity and how it “gives voice to the voiceless” in your community. Include a **brief handout** of “how to” set up this activity for participants to take away.
2. Prepare a brief verbal presentation about your activity to share with participants visiting your table.
3. Each member of your school delegation will take a turn staffing your table while other members of the school group visit the other displays.
4. The objectives of the activity are to:
 - a. Share best practices/activities from your school that highlight Advocacy.
 - b. Bring home some new ideas to try at your school.

Come ready to set up your display on Saturday afternoon. There will be only LIMITED time to prepare materials once ACTION 2018 begins! Bring your own computer, handouts, and materials for display. You will not be able to make copies at the Retreat Center.



ACTION 2018

Please bring the letters to the ACTION Workshop.

Three of our young people and faculty member (s) will be traveling to St. Johns, Florida to attend the Edmund Rice Christian Brothers North America, **ACTION Student Leadership Workshop** sponsored by the Congregation of Christian Brothers. It is a powerful weekend experience that inevitably touches the lives of all those involved.

As part of the weekend experience, the participants receive support notes and letters (**Palanca**) from family, friends and others. The letters are meant to let the participant know that you are supportive of him/her and want him/her to have a wonderful experience.

The letters can express in your own words that:

- you believe in the individual,
- you see their good qualities,
- you care about them.

These support letters are called **Palanca**, a Spanish word that means "something that rises up." We raise up prayers to heaven to support the workshop participant. Many people will say a special prayer or make a sacrifice for the individual that the person may experience more fully the immense love God has for him/her.

If you would like to send a **Palanca** for one or more of our representatives, please enclose it in an envelope with the participant's name clearly written on the face of the envelope and give it to the person listed below. Thanks for your help and interest in our young leaders.

Please submit all **Palancas** to: _____ no later than: _____

Names of Students Attending:

1) _____

2) _____

3) _____

Faculty Member Attending:

1) _____

CONFIDENTIAL



ACTION 2018

Moderator's Checklist

_____ Return *Group Registration Form* to: Connie Barbarotto : cab@cbinstitute.org by August 24th.

Please bring to the Retreat Center:

- _____ Signed Permission Form for each student participant
- _____ Signed Medical Release and Code of Conduct Forms for Students and Moderator(s)
- _____ Palanca Letters from:
 - _____ Parents/Guardians
 - _____ Faculty
 - _____ Friends
- _____ School sweatshirt for display in conference room (XL) – given away as a prize.
- _____ T-shirts for trade during the weekend (one per participant – Moderator included).
- _____ 2 minute “News Broadcast” to introduce your school and participants
- _____ Advocacy Fair Display – ready to go
- _____ A prepared Talent Show Act
- _____ “Play” clothes (Moderators, too).
- _____ A sense of humor.



ACTION 2018

(Moderators should bring one signed permission form for each student attending the Workshop. Students will not be allowed to participate without this signed form.)

Dear Parent or Legal Guardian:

Your son or daughter is eligible to participate in the ERCBNA ACTION Student Workshop. This activity will take place under the guidance and supervision of members of the Congregation of Christian Brothers and their co-workers, and adult representatives from your child's school. A summary of what is to take place follows.

Destination: **Marywood Catholic Retreat Center, 235 Marywood Dr., St. John's, FL 32259**

Designated Supervisor of Event: **Br. Gregory T. Smyth, CFC**

Dates: **September 20-23, 2018** Travel Dates: **Arrival: September 20 / Departure: September 23**

Additional Information:

The ERCBNA ACTION Student Leadership Workshop is an educational leadership training workshop conducted by the ERCBNA and their co-workers for youth from their ministries. This year, the Workshop is presented at the Marywood Retreat Center in St. John's, FL. Your child will be escorted to and from the Workshop by a representative of the school which your child attends. This representative will also participate in the Workshop. Any questions or concerns may be brought to the attention of your school representative.

- - - - - Parents should make a copy of this form for their records- - - - -

Activity: Edmund Rice Christian Brothers North America ACTION Student Leadership Workshop

Name of Youth: _____

Parent's/Guardian's Name: _____

Home Phone: _____ Work Phone: _____ Cell: _____

In case of emergency and parent/guardian is unable to be reached, please list another adult to contact.

Name: _____

Relationship to Youth: _____ Phone: _____ Cell: _____

I, the undersigned parent/legal guardian of the above named, a minor, ("participant") do hereby grant permission for the participant to participate in the ERCBNA ACTION Student Leadership Workshop ("Workshop") to be held September 20-23, 2018 sponsored by the Congregation of Christian Brothers at the Marywood Catholic Retreat Center in St. John's, FL.. In consideration for the participant being allowed to participate in the Workshop, I hereby release and agree to indemnify the Congregation of Christian Brothers and the Marywood Catholic Retreat Center, and their respective agents, employees, trustees, administrators, officers, leaders, sponsors, volunteers and chaperones, successors and assigns from all actions, causes of action, injury, personal injury, including death, damages, loss, accident, delay, claims and demands whatsoever, in law, admiralty or equity which may arise out of the participant's participation in the Workshop or any of its incidents. Any obligation or expense incurred by the participant or on the participant's behalf incident to the Workshop will be promptly paid or reimbursed by me. Further, the Congregation of Christian Brothers and the Marywood Catholic Retreat Center will not be liable for any injury, personal injury, damages, loss, accident, delay, or irregularity which may be occasioned either by reason of any defect in any vehicle, or through the acts or default of any company or person engaged in conveying the participant, or any other cause in connection therewith.

I understand and agree that the Congregation of Christian Brothers may not have medical personnel available at the Workshop. I understand and agree that the Congregation of Christian Brothers and its agents are granted permission to authorize emergency medical treatment for the participant, if necessary, and that such action by the Congregation of Christian Brothers or its agents shall be subject to the terms of this waiver. I understand and agree that the Congregation of Christian Brothers and its agents assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. I also understand and agree that I will be responsible for all expenses incurred by the participant in connection with said medical treatment.

I understand and agree that this waiver shall be construed in accordance with the laws of the State of Florida. If any term or provision of this waiver shall be held illegal, unenforceable, or in conflict with any law governing this waiver, the validity of the remaining portions shall not be affected thereby.

I further state that I have read the above waiver, and, as the participant's parent/legal guardian, I am fully competent to sign this waiver; and that I execute this waiver for full, adequate, and complete consideration fully intending for myself, for the participant, and for the participant's family, estate, heirs, administrators, personal representatives, or assigns to be bound by same.

x _____ Date: _____ Name of School: _____

Parent/Guardian Signature



ACTION 2018

PLEASE BRING WITH YOU TO THE ACTION WORKSHOP.

Edmund Rice Christian Brothers North America ACTION Student Leadership Workshop ACTION Medical Release Form – Youth

The purpose of this form is to provide medical information for all persons attending the Edmund Rice Christian Brothers North America ACTION Student Leadership Workshop.

Name: _____ School: _____
Age: _____ Date of Birth: _____
Street Address: _____
City, State/Province _____ Zip Code: _____
Phone: _____

EMERGENCY INFORMATION

Parent's/Guardian's
Name(s): _____
Home Address: _____
Home Phone: _____ Cell Phone: _____
Father's (Guardian's) Occupation: _____ Work Phone: _____
Mother's (Guardian's) Occupation: _____ Work Phone: _____

Two additional names of someone to contact in case parents are unable to be reached:

Name: _____ Relationship to Youth: _____ Phone: _____
Name: _____ Relationship to Youth: _____ Phone: _____

HEALTH HISTORY

Please list any pre-existing or present medical conditions, disabilities, or other major illnesses: _____

Please list any prescription medications and concise directions: _____

I hereby grant permission for the non-prescription medication of Acetaminophen or Ibuprofen to be given to my child for pain if deemed advisable by a staff person and/or chaperone.

x _____
Parent/Guardian Signature

Please list any allergies or allergic reactions to medications: _____

Please list any swimming/activity restrictions: _____

Name of Health Insurance Company: _____

Insurance Policy Number: _____

Insurance Certificate Number: _____

Please understand that depending upon the seriousness of the situation, your child may be transported to the nearest hospital.

x _____ Date: _____ Destroy Date: September 24, 2018
Parent/Guardian Signature



ACTION 2018

PLEASE BRING WITH YOU TO THE
ACTION WORKSHOP.

Edmund Rice Christian Brothers North America ACTION Student Leadership Workshop ACTION Code of Conduct - Youth

The purpose of the Workshop is to allow young people, from all over North America, to have a good time and meet new friends while growing in their faith and leadership skills. Therefore, we have certain expectations of the youth and adults who participate. To insure a safe and enjoyable time for everyone, the following guidelines are in effect:

- School chaperones and/or other supervising adults are responsible for the action of the youth participants. Each school will take full responsibility for any damage done by their members at the program site. We look to the adult chaperones and/or other supervising adults to help enforce the Code of Conduct and to set a good example.
- The possession or use of alcohol, illegal drugs or weapons by all participants, youths and adults, is not permitted, and will result in disciplinary action, which could include dismissal from the activities. In such cases, legal authorities will be notified and parents/legal guardians will be financially responsible and/or physically responsible for participants' transportation home. Participants suspected of possessing alcohol, illegal drugs or weapons may be subject to the attached Search and Seizure Guidelines.
- Treat the property with care. If you break something, tell the school chaperone and/or other supervising adult.
- Behave in a way that respects the rights of all. Be cooperative, and do those things that promote a good reputation for you and your school. Any serious violation of this Code of Conduct may result in dismissal from the program.
- Use of cell phones is prohibited, unless the coordinator of the program grants permission.

I, the undersigned, agree to abide by this Code of Conduct and do recognize the consequences of my actions if the code is broken. I also confirm that I have read the attached Search and Seizure Guidelines and give my consent to be subject to same during the Workshop.

X _____ Date: _____
Youth Participant Signature

I, parent/guardian of the youth participant, have read the above Code of Conduct and cosign in agreeing my child will abide by this Code of Conduct and do recognize the consequences of his/her actions if the code is broken. I also confirm that I have read the attached Search and Seizure Guidelines and I give my consent for my child to be subject to those Guidelines during the Workshop.

X _____ Date: _____
Parent/Guardian Signature



ACTION 2018

Search and Seizure Guidelines for:

Edmund Rice Christian Brothers North America ACTION Student Leadership Workshop

- No person's outer clothing, pockets, or his/her personal effects (e.g. handbags, backpacks, etc.) shall be searched by authorized personnel unless there are reasonable grounds to believe the search will reveal evidence of a violation of the Code of Conduct or the law.
- Searches shall only be conducted by those directly responsible for the person's conduct (Director, School Moderator, or Chaperone) along with another adult witness.
 - When a search is conducted, either the conductor of the search, or the witness, shall be of the same gender as the subject of the search.
 - No search shall be conducted in the presence of any other participant.
 - Those who fail to cooperate when requested shall be subjected to other disciplinary action.
 - Illegal items (e.g. weapons, drugs, etc.) or other possessions reasonably determined by authorized personnel to be a threat to safety and security will be seized. Parents and legal authorities will be notified immediately.
- Items which may disrupt or interfere with the individual's or others' participation may be temporarily removed from the person's possession by authorized personnel. Such items will be returned to the participant at the end of the activity. (Some examples might be: iPods, laser pointers, cell phones, etc.).
 - Pat down searches shall be conducted by legal authorities only (i.e. police).

Suggestions for a Search

- Dump pockets (pants, coats, etc.), purses, backpacks, etc.
- Have participant pull pant legs up and socks down (no touching of participant by adult).



ACTION 2018

PLEASE BRING WITH YOU TO THE ACTION WORKSHOP.

**Edmund Rice Christian Brothers North America ACTION Student Leadership Workshop
ACTION Medical Release Form – Adult**

The purpose of this form is to provide medical information for all persons attending the ERCBNA ACTION Student Leadership Workshop.

Name: _____ Age: _____ Date of Birth: _____
Street Address: _____
City: _____ Zip Code: _____ Phone: _____
Cell Phone: _____

EMERGENCY INFORMATION

Names of two persons who may be contacted in case of emergency:

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

HEALTH HISTORY

Please list any pre-existing or present medical conditions, disabilities, or other major illnesses: _____

Please list any prescription medications and concise directions: _____

Please list any allergies or allergic reactions to medications: _____

Please list any swimming/activity restrictions: _____

In case of medical or surgical emergency, I hereby request and give permission to the ERCBNA ACTION Student Leadership Conference Staff for the hospitalization and/or provision of necessary medical treatment for myself. I understand that I am responsible for the cost of my medical treatment (including surgery) received. I hereby release the directors and staff of this event from all responsibility for sickness or accidents that occur during the event,

Name of Health Insurance Company: _____

Insurance Policy Number: _____

Insurance Certificate Number: _____

Please understand that depending upon the seriousness of the situation, you may be transported to the nearest hospital.

x _____ Date: _____ Destroy Date: September 24, 2018
Signature



ACTION 2018

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- **Treat the property with care. If you break something, tell the program director or facility representative.**
- **Behave in a way that respects the rights of all. Be cooperative, and do those things that promote a good reputation for you and your school. Any serious violation of this Code of Conduct may result in dismissal from the program.**
- **Use of cell phones is prohibited, unless the coordinator of the program grants permission.**

I, the undersigned, agree to abide by this Code of Conduct and do recognize the consequences of my actions if the code is broken. I also confirm that I have read the attached Search and Seizure Guidelines and give my consent to be subject to same during the Workshop.

X _____
Adult Participant Signature

Date: _____