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2025



CHRIST THE KING YOUTH MINISTRY PRESENTS

PANAMA CITY RETREAT

**JUNE 7-9, 2025 | PANAMA CITY BEACH, FL
OPEN TO ALL CURRENT 7TH AND 8TH GRADERS**

WHAT IS THE PANAMA CITY RETREAT?

Now in its 22nd year, Panama City Retreat (PCR) is a retreat hosted by Christ the King Catholic Parish Youth Ministry. The retreat is organized and led by a core team of high schoolers selected by our youth ministry staff. PCR weekend is typically filled with countless blessings, rain or shine. Students on PCR will have an amazing retreat experience with a vacation vibe. They will experience small groups and small group discussion, along with team events. They will hear and encounter prepared high school speakers. They will get to meet the Lord in Adoration and Confession and they will attend Mass twice. In addition to an amazing retreat getting to know Christ, this all takes place in beautiful Panama City Beach, Florida at the Blue Horizon Lodge and Retreat.

Cost: \$185

Parent Consent Form, Parent Agreement, Medical Form, Code of Conduct Form and \$85 non-refundable deposit due: April 16 . \$100 balance due: May 29.

**Mandatory Parent & Participant Meeting:
May 29 @ 6:00 pm in the CTK Gym**

TESTIMONIALS:

"PCR has been such a great experience for me the last couple of years. From the beach to the games, to Mass and Adoration, it is a weekend to remember! As a camper and a team member, I have grown stronger in my faith on each retreat, I can't wait for this year! - Addison Silvernail

"PCR has changed my perspective on many aspects of my faith life, but more specifically, how I am able to bring other people closer in their relationships to Christ. I have attended PCR as a camper and as a leader and both experiences have influenced my social circles, my family prayer life, and my priorities all for the better. I encourage you to put aside all of your experiences of what you think these retreats are like and consider the possibility that the Lord is urging you to grow and lean on Him through this retreat, giving you the strength and the courage to spread His love to everyone around you."
-Justin Barfield

"PCR is like no other retreat. Through skits, games and fun at the beach, Jesus Christ speaks to the young minds of the Catholic Church."
-Franklin Kasch

Panama City Retreat is a fun-filled, judgement free zone where you can grow your relationship with God in ways you never have before. Praise and worship, adoration, plenty of games down on the beach, and more, await you down in Panama City. So join us, and all of your friends, on this amazing retreat, to get some sun and grow closer to God!

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Form for Daytime Trips, Overnight Trips, and Additional Activities

Dear Parent or Legal Guardian:

If you would like your child to participate in this event, please complete, sign, and return this statement of consent and release of liability. As parent or legal guardian, you remain legally responsible for any personal actions taken by the named minor ("participant").

This activity will take place under the guidance and supervision of employees and/or volunteers from
Christ the King Catholic Parish. A brief description of the activity follows:

Type of event: CTK Panama City Retreat

Destination: Blue Horizon Lodge and Retreat Panama City Beach, FL

Individual in charge: Katlyn Wing

Date and estimated time of departure and return: 9:00 am Saturday, June 7, 2025-2:00 pm Monday, June 9, 2025

Mode of transportation to and from event: Charter Bus

Participant's name: _____ Birth date: _____

Parent/Guardian name: (please print) _____

Address: _____

Parent Cell Phone: _____ Other Phone: _____

Parent email: _____ Adult T-Shirt Size (Circle One) S M L XL

- ☐ I do **not** give permission for my child's photo/video to be used for promotional materials in highlighting diocesan events.

Student Agreement/Code of Conduct:

While participating in this field trip, I will accept responsibility for maintaining good conduct and appearance. I will listen attentively, follow directions and be respectful to everyone. I understand and accept that all school and parish rules and disciplinary actions apply to this trip. My parent(s)/guardian(s) and I have discussed this code of conduct for the field trip.

Participant's Signature: _____ Date: _____

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend (name of parish/school/institution) Christ the King Catholic Parish, its officers, directors, employees and agents, and the Archdiocese of Mobile, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school/institution, its officers, directors and agents, and the Archdiocese of Mobile, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses that may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school/institution/archdiocese.

Signature: _____ Date: _____

Christ the King Catholic Parish Office of Youth Ministry Parent/Guardian PCR Agreement

The Office of Youth Ministry of Christ the King Catholic Parish has found that the casual use of cell phones and electronic devices during trips and retreats presents an extreme distraction from the environments that our events attempt to maintain. We have also found with new technological advances that cell phones and electronic devices leave our youth vulnerable to very real violations of privacy, especially on overnight trips. Therefore, cell phones and other electronic devices will not be allowed at this trip/retreat. We understand that there will be occasions when parents/guardians need to speak with their youth while we are on a trip/retreat. A parent/guardian can always reach our youth minister by calling her cell phone number or by calling the facility at which we are staying. Both contacts will be provided with other pertinent trip/retreat information at the parent and participant trip meeting. We take this policy very seriously and we hope for the continued support from the parents/guardians of our young people.

Katlyn Wing
Director of Youth and Young Adult Ministry
Christ the King Catholic Parish

I understand that the Office Of Youth Ministry of Christ the King Parish strictly prohibits my child/children from bringing a cell phone or electronic devices of any kind on this trip/retreat. I understand and support this policy. I promise not to instruct my child to bring any of these devices on this trip/retreat. I will do my best to ensure that my child does not bring a cell phone or any electronic device with them on this trip/retreat. I understand that any cell phone or electronic device found with a youth participant will be confiscated. The parent/guardian of the youth participant will be required to retrieve the cell phone or electronic device from the youth ministry office staff following the trip/retreat.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Should be signed by both parents/guardians where applicable.

Christ the King Catholic Parish Office of Youth Ministry Code of Conduct

I, _____ understand that by participating in this Christ the King Catholic Parish trip/retreat, I am promising to cooperate with the team leaders and staff, my peers, and the Holy Spirit. I promise to behave in a way becoming a young Christian adult and to follow directions and rules knowing that I represent my parish family and the Archdiocese of Mobile. If I do not follow these standards, I understand I can be dismissed from the trip at my Parent/Guardian's expense.

I understand that I must not bring alcohol, tobacco, vape/electronic cigarettes or illegal drugs, nor will I purchase and/or consume alcohol, tobacco, vapes/electronic cigarettes or illegal drugs during the trip. I will not bring any sort of weapons on the trip. I understand that my bags and carry-ons will be searched before departing to ensure the safety and well being of all those on the trip.

I promise to respect the facilities/grounds of the sight I am visiting. I understand the unauthorized use, mistreatment or destruction of the facilities/grounds may result in my dismissal from the trip/retreat at my Parent/Guardian's expense. I also understand that leaving the designated areas or grounds without permission of a chaperone is absolutely prohibited.

I will also be an example to others in modesty and speech. I will dress in a fashion that represents modesty and good taste, respecting other participants and the Lord. I will use positive and uplifting words during the trip, understanding that foul and abusive language is not permitted.

I understand that cell phones and electronic devices of any kind are prohibited on this trip/retreat.

I have read, understand and agree to the above code of conduct. I understand that violations of the code of conduct will be reported.

Youth Signature _____ Date _____

I have read the code of conduct and understand that if my child should violate the code of conduct in a way that requires his/her dismissal from the trip/retreat, I promise to immediately come pick up my child from the trip or he/she will be returned home at my expense. I understand that the team of adults leading the trip/retreat has the final decision in enforcing these standards. I understand that it is my responsibility to know what my child is bringing on this trip. I will ensure that he/she does not bring any alcohol, tobacco, vape/electronic cigarettes, illegal drugs or weapons to the best of my ability. I support the goals and mission of the Office of Youth Ministry of Christ the King Catholic Parish and will promise to do my best to cooperate with its authority. I understand that violations of the code of conduct will be reported.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Should be signed by both parents where applicable

Office Use:
Date Received _____

MEDICAL INFORMATION FORM

This Medical Information Form should be completed annually.
It is the responsibility of the parent/guardian to inform the school or parish of any changes in the child's medical condition during the year.

Participant: _____ Date of Birth: _____
Parent/Guardian: _____ Phone: _____
Address: _____

In the event of an emergency, if you are unable to reach me at the above number, contact:

Emergency contact name (please print): _____

Relationship to participant: _____

Cell Phone: _____ Other Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

If yes, what is it? _____

Does child have any physical or other limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed-wetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, flu, etc.? _____ If yes, list date and disease or condition: _____

Additional special medical conditions of my child: _____

I hereby warrant that, to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Parent/Guardian Signature _____ Date _____

MEDICAL INFORMATION FORM (Continued)

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

I hereby grant permission for the listed medications to be taken by my child on the trip, if necessary.

Parent/Guardian Signature _____

Other Medical Treatment:

1. I want to be called in the event it comes to the attention of the parish/school/institution, its officers, directors and agents, and the Archdiocese of Mobile, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea.

Parent/Guardian Signature _____

2. Please read carefully and choose one to sign

- A. I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Parent/Guardian Signature _____

OR

- B. No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Parent/Guardian Signature _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Parent/Guardian Signature _____

The school/parish will take reasonable care to see that this information will be held in confidence. At the end of the trip, the duplicate medical form copies must be shredded or returned to the school or parish office by the authorized agent.