

Responding to the Call



A servant Leadership Retreat

Above all,
enter into an ever deeper sharing
of faith and prayer with your brothers;
reflect with them on how you find God
in your lived experience.
In this way

the community searches out
the needs of the times
and the desires of the Lord
in their regard.

*—from the Fundamental Principles of
the Brothers of St. Francis Xavier*

Basic Information about XLI #48

Who: XLI #48 is open to all members of the
Class of 2025

When: July 29—August 2

Where: Stonehill College
Easton, MA

Cost: \$495.00 (due online by May 22)

Why: To come together as a community to learn
how to become a leader with Jesus as our
model. To discover more about God,
yourself, and others.





A Servant Leadership Retreat

Program Registration

Name _____

Street Address _____

City _____

State _____

Zip _____

Parent Cell Phone _____

Student Cell Phone _____

Student E-mail Address _____

Parent E-Mail Address _____



Commitment Statement

By submitting this registration form for XLI #48, and by signing below, I hereby state my commitment to participate in and to be open to all of the experiences of the Xaverian Leadership Institute.

Student Signature

Parent Signature

Completed registrations are due by Wednesday, May 22 and must include the \$495.00 fee paid online. Go to the Campus Ministry Resource Board on the Xaverian Portal, and follow the link to the payment site.

At least one parent/guardian of each participant in XLI #48 is required to attend a Parents' Information Meeting on Tuesday, May 28 at 7:00 pm in the theater.

Any questions or concerns should be directed to Mr. Jim Conley at 781-326-6392 ext. 6643

or
jconley@xbhs.com

Medical/Health Care Questionnaire

PART A: TO BE COMPLETED BY PARENT/GUARDIAN

Student's Name: _____ **Date of Birth:** _____

Physician's Name: _____ **Telephone:** () _____

Physician's Address: _____
Street Address City State Zip Code

1) Does / Has your son have/had a disease(s) that affects the function of eye, ear, testicle, kidney or lung? yes no

2) List any operations, fractures, sprains or bone dislocations:
 _____ Date or age: _____
 _____ Date or age: _____

3) Has your son ever had any of the following?

- | | <small>yes</small> | <small>no</small> | | <small>yes</small> | <small>no</small> | | <small>yes</small> | <small>no</small> |
|-----------------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|
| a. Asthma and/or Allergies | <input type="checkbox"/> | <input type="checkbox"/> | j. Mononucleosis | <input type="checkbox"/> | <input type="checkbox"/> | s. Bridges or False Teeth | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Fainting and/or Convulsions | <input type="checkbox"/> | <input type="checkbox"/> | k. Pneumonia | <input type="checkbox"/> | <input type="checkbox"/> | t. Reaction to insect bites | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Heart Murmur/Heart Condition | <input type="checkbox"/> | <input type="checkbox"/> | l. Hepatitis | <input type="checkbox"/> | <input type="checkbox"/> | u. Allergies | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Rheumatic Fever | <input type="checkbox"/> | <input type="checkbox"/> | m. Bronchitis | <input type="checkbox"/> | <input type="checkbox"/> | Please list:

_____ | | |
| e. Kidney Disease or Injury | <input type="checkbox"/> | <input type="checkbox"/> | n. Head Injury | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| f. Heat Stroke/Heat Exhaustion | <input type="checkbox"/> | <input type="checkbox"/> | o. Concussion | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| g. Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | p. Seizure | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| h. Blood disorders | <input type="checkbox"/> | <input type="checkbox"/> | q. Tumors | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| i. Arthritis and/or Joint Redness | <input type="checkbox"/> | <input type="checkbox"/> | r. Serious Dental Problems | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Any other serious illness or injury? *(Please list.)* _____

Please explain **Yes** answers to the above questions:

4) Does your son take any medication now? yes no
 If so, what? _____

5) Does your son wear glasses or contact lenses? yes no

6) Do you know of any reason for you son not to participate in sports? yes no

If **Yes**, please explain:

PART B: INSURANCE INFORMATION

Name of Medical Insurance Plan: _____ Membership ID #: _____

Is this plan an HMO? ^{yes} ^{no} If **YES**, please provide additional phone numbers or information that we may need:

Parent Release

I have read the Xaverian Leadership Institute Registration Form, and I hereby give my permission for my son to participate in XLI #48. I also understand that a parent/guardian is expected to attend the meeting on May 28, 2024.

Signature of Parent _____
Date

In an emergency situation, how can you be reached?

Mother's place(s) of employment: _____ Telephone: () _____

Father's place(s) of employment: _____ Telephone: () _____

If parent(s) cannot be reached, please notify:

Name: _____ Relationship: _____ Telephone: () _____

I hereby request that the Campus Ministers, Faculty or Administration of Xaverian Brothers High School act on my behalf if during this program a medical emergency develops and some decision regarding my son's health must be made. In addition, I understand that any treatment authorized by Xaverian Brothers High School, its teachers, agents and/or servants shall be at my sole cost and expense, and the authorization of said treatment by any of the above shall be by them as my agent for my son.

Signature of Parent _____
Date



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Waiver & Release of All Claims

I/We _____, Parents/Guardian of _____
recognize and acknowledge that there are inherent risks in my son's presence and participation in the
Xaverian Leadership Institute #48 at Stonehill College on July 29–August 2, 2024.

- *I/We are aware that this is a Xaverian Brothers High School sponsored activity.*
- *I/We are aware that if any of my personal possessions are lost, stolen, damaged or destroyed no matter what the cause, it is at my son's own risk and Xaverian Brothers High School disclaims liability.*
- *I/We are aware that Xaverian Brothers High School does not provide health and accident coverage for my son and it is my responsibility for any medical bills (unless I am an employee and accept medical benefits from the school) from injuries sustained while participating in XLI #48.*
- *I/We agree to release, hold harmless, waive and relinquish all claims, including negligence against Xaverian Brothers High School and its officers, agents, employees and volunteers including claims of bodily injury, death, and property damage as a result of, arising out of, or caused by, my son's presence and participation in the XLI #48.*
- *I/We hereby sanction, grant permission to the school representative to authorize, by his or her signature, if I/We cannot be contacted, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency. My medical coverage (or if an employee, applicable employee benefits) will be applied for payment for any such treatment and if I/We have no medical coverage or have insufficient coverage I/We will be solely responsible for payment.*
- *I/We further release all the school's agents and employees from any claim whatsoever on account of first aid, treatment or services rendered during my son's participation in the event.*

I/We have read and fully understand this Waiver and Release of Claims form:

Parent/Guardian Signature

Date





Parent/Guardian Authorization for Medication Delegation Form

- I grant permission for the Xaverian Brothers High School chaperone to administer my son's medication(s) during the school sponsored off-campus trip noted below.
- I am aware and understand that the chaperone will administer the medication as ordered by the physician and delegated by the school nurses listed below.

Joni DeCenzo, MSN, RN
Jessica A. Giberson, BSN, RN

Parent Guardian Signature: _____ Date: _____

Student Name: _____ Year of Graduation: 2025

Trip attending: **Xaverian Leadership Institute #48**

Check if your son will NOT need medications administered during this trip.

Medication(s) to be given by chaperone:

1. Name of medication: _____

Time of day to be administered: _____

Dose to be administered: _____

2. Name of medication: _____

Time of day to be administered: _____

Dose to be administered: _____

3. Name of medication: _____

Time of day to be administered: _____

Dose to be administered: _____

***Please give the chaperone only the amount of medication necessary for the duration of the day/trip. It must be in the original prescription bottle with the correct information (name, dosage, medication) on it. The bottle will be returned to the student at the end of the retreat.**