

# Christian Leadership Institute

## CLI July 13-17, 2015



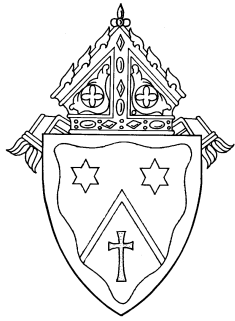
The Christian Leadership Institute (CLI) empowers young people through prayer and worship to recognize their own gifts and provides leadership training that assists youth to become strong Christian leaders in their parish, community and school. Sponsored by the Diocese of Gaylord, CLI is nationally recognized for its ability to prepare young people to assume leadership roles.

Location: Kettunen Center, Tustin, MI

Dates: Monday, July 13 - Friday, July 17, 2015

Cost: \$ 350.00

Forms: <http://www.dioceseofgaylord.org/christian-leadership-institute-2015-658/> or contact your parish Youth Minister.



## DIocese OF GAYLORD

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611 West North Street

Gaylord, MI 49735

Phone: 989.732.5147

Fax: 989.705.3589

TO: Parents of High School Aged Students, Pastors, Administrators, Youth Ministers & School Administrators

FROM: Christian Leadership Institute (CLI) Team

SUBJECT: CLI – 2015

Christian Leadership Institute (CLI) empowers young people through prayer and worship to recognize their own gifts and provides leadership training that assists youth to become strong Christian leaders in their parish, community, and school. Sponsored by the Diocese of Gaylord, CLI is nationally recognized for its ability to prepare young people to assume leadership roles.

The five day institute will be held at the Kettunen Center in Tustin, MI from Monday, July 13, through Friday, July 17, 2015. Participants must have completed the eighth grade. The program offers skills in designing creative prayer activities, liturgical ministry roles, communication and administrative skills.

The total cost for the five days, which includes housing, meals, and materials, is \$350.00. To attend CLI 2015 a completed Student Application Form, and Adult Recommendation Form are due Friday, May 15, 2015. **\$350.00 and all paperwork are due back to the Diocese by June 1, 2015.**

This year three (3) \$100.00 scholarships will be awarded to youth attending CLI-2015. The application form to apply for a scholarship is attached. The scholarship application is to be accompanied by a recommendation from the youth's pastor or administrator. **Scholarship applications must be received no later than May 1, 2015 to be considered.**

CLI paperwork and payment schedule is as follows:

- **Scholarship Applications must be received by May 1, 2015**
- **Student Application Form, and Adult Recommendation Form are due Friday, May 15, 2015**
- **All forms and money due Friday, June 1, 2015**

A vibrant parish is supported by the participation of adults, families, youth and children. Youth give to our parishes a unique and special energy that must not be overlooked. Please consider nurturing the leadership skills of the youth in your parish or cluster; talk to them soon about participating in CLI-2015.



**Christian Leadership Institute - CLI**  
**STUDENT APPLICATION – 2015 (Due 5/15/15)**

Name: \_\_\_\_\_ Name you prefer to be called: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone:(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Representing Parish or School: \_\_\_\_\_ City \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Grade as of Sept. 2015: \_\_\_\_\_

E-Mail Address: (print clearly): \_\_\_\_\_

Parent(s) or Guardian Names(s): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

This Section is to be completed by the student.

Please describe some leadership experiences/responsibilities that you have had or expect to have in the near future.

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Please share three positive qualities that you possess and use them to describe yourself.

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Please identify two (2) things that you would like to accomplish at the Christian Leadership Institute.

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This completed Student Application and Adult Recommendation are to be received no later than May 15,2015  
Send to: Diocese of Gaylord, CLI 2015, 611 W. North Street, Gaylord, MI, 49735. Checks made payable to: Diocese of Gaylord.

Identify liturgical ministries you are interested in:		
_____ Lector	_____ Music - (Vocal)	_____ Eucharistic Minister
_____ Instrument (Type): _____		

# Adult Recommendation for Youth Application

## Christian Leadership Institute 2015 (Due 5/15/15)

Name & position of person completing form: \_\_\_\_\_

Parish: \_\_\_\_\_

Phone: \_\_\_\_\_ Student's Name: \_\_\_\_\_

**Please complete the following section.**  
**This recommendation MUST accompany the student application form.**

Why are you recommending the youth for the Christian Leadership Institute?

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Is this youth outgoing or reserved in small group situations? Do they have a tendency toward inappropriate behavior? (This will not prevent them from attending the institute.)

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Additional comments regarding youth's skills or ability to participate at CLI.

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\_\_\_\_\_

Leader's Signature

**NOTE TO YOUTH LEADER/PASTOR:**

This form must be returned, with the Student Application Form by May 15, 2015 to the Diocesan offices: Diocese of Gaylord, CLI, 611 W. North Street, Gaylord, MI 49735.

**PARENT PERMISSION FORM FOR CLI PARTICIPATION – 2015 (Due 6/1/15)**

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a Diocesan sponsored activity requiring transportation to a location away from the parish premises. This activity will take place under the guidance and supervision of employees' from CLI (Christian Leadership Institute), Diocese of Gaylord. A brief description of the activity follows:

Name of Event: Christian Leadership Institute - CLI

Destination: Kettunen Center: 14901 4-H Drive, Tustin, MI 49688

Designated Supervisor of Activity: Pattie Rioux – CLI Director/ Amy Peters- CLI Program Director

Date and Time of Arrival to CLI: Monday, July 13, 2015 @ 1 p.m. (NO EARLY ARRIVALS)

Date and Time of Departure: Friday, July 17, 2015 @ 11:00 a.m.

Method of Transportation: Responsibility of Parent/Guardian

CLI Tuition: \$350.00

If you would like your youth to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your youth.

**\*\*\*\*\* STATEMENT OF CONSENT \*\*\*\*\***

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above. I understand that this event will take place away from the parish grounds and that my child will be under the supervision of the designated parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

**PUBLICITY CONSENT**

As parent/guardian of the student named above, I understand that promotional pictures and videos (individual and group) may be taken during this event. I give permission for my child's picture, name, age, comments, parish/school and city, to be used for news and promotional materials (including, but not limited to print, web pages, calendars, power point, audio, video, broadcast, etc.) for the Diocese of Gaylord.

In consideration of my child being allowed to participate in CLI, I hereby agree on behalf of myself and my child to release my Church and Parish, the Roman Catholic Diocese of Gaylord, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in CLI. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in CLI. The release or indemnification does not apply to claims for intentional misconduct or gross negligence by Releasees; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

\_\_\_\_\_  
(Print Parent's Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent's Signature)

**CLI – 2015 – Diocese of Gaylord  
PARTICIPANT AGREEMENT**

Please read the terms of this agreement very carefully. If you do not understand any of these terms, please ask for clarification. All of these terms have been carefully thought out to give you the best CLI experience possible. **Violation of the “terms” will result in your dismissal from the camp. Your parents/guardians will be called to come and get you, regardless of the time and distance.**

**\*This is a smoke-free and alcohol/drug free zone.** Nowhere, indoors or outdoors, can these things occur.

\*The sleeping quarters of the opposite sex are off-limits **at all times.**

\*Being outside after the curfew is not allowed. (Curfew begins immediately following lights out prayer.)

**Tustin Center Regulations:**

1. No food or drink is allowed in the meeting room, in support group areas, or in the bedrooms. If you brought any snacks, please give them to your group leader. We will share them with everyone. Have no fear; we have plenty of good food and you will not go hungry! Pop machine are available for your purchases during free-time. Please dispose of cans and bottles in appropriate containers.
2. **Off Limit Areas:**
  - a. Beach, lake and dock **except during supervised free time**
  - b. All buildings not in use by our groups including the main building during non-meal times
  - c. Any areas in use by groups other than CLI
3. Keep the grounds, bathrooms, bedrooms, and general areas **CLEAN!**
4. Report **PROMPTLY** any broken or malfunctioning item/situation to a group leader
5. **All medications, PRESCRIPTION AND NON-PRESCRIPTION,** must be given to the camp nurse. She will supervise all medication and make decisions necessary for your health and well-being. **No teen or adult is to give out any medication, prescription or non-prescription, without the knowledge and approval of the camp nurse.**

**CLI Regulations:**

1. All electronics (including cell phones, I-Pods, etc.) **may not** be used during CLI. Any cell phones not turned in at registration will be confiscated after that. You will be notified if any emergency phone calls come in for you. Mail can be sent out and received.
2. Cars are off limits. Your parents or another responsible adult are responsible for your transportation to and from CLI.
3. Modesty when dressing is expected. Low cut shirts and bare midriffs are not appropriate. Guys must wear shirts at all times except during free time activities.
4. CLI is a group experience and a time to meet new friends. Relationships or cliques that exclude others limit your growth and what CLI can do for you. Please be inclusive, not exclusive!
5. You are participating in a Christian Leadership Institute. Your language should reflect this at all times. Use of profanity and/or abusive language is **not** appropriate.
6. Bring your **JOURNAL (and a pen/pencil)** to all sessions. We do not begin until **ALL ARE PRESENT!**

I have read and understand the above. I agree to observe the above as well as any other regulations from the Camp and CLI Director.

(sign) \_\_\_\_\_ (CLI participant)

I have read, understood, and agree to the above made for the well-being of my child \_\_\_\_\_

(sign) \_\_\_\_\_ (Parent or Guardian)

**Please return signed form by 6/1/15: CLI 2015, Diocese of Gaylord, 611 North St., Gaylord, MI 49735**

**Diocese of Gaylord/Kettunen Center  
14901 4-H Dr. Tustin, MI 49688  
(231) 829-3421**

**Christian Leadership Institute 2015**

**CAMPER HEALTH HISTORY & EMERGENCY TREATMENT FORM**

Camper Full Name: \_\_\_\_\_  
Last First Middle

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

Parent(s)/Legal Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

If not available in an Emergency Notify:

1) \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

2) \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Arrival date & time to camp: Mon., July 13, 2015 – 1 p.m. No early arrivals Departure: Fri., July 17, 2015- 11 a.m.

Names of person(s) camper can be released to: \_\_\_\_\_

**CAMPER HEALTH HISTORY INFORMATION**

Allergies	Illness(es)	Other
_____ Hay Fever	Give approximate dates	Give dates acquired/is medication required?
_____ Insect Stings	_____ Chicken Pox	_____ Bleeding/Clotting Disorders
_____ Penicillin	_____ German Measles	_____ Convulsions
_____ Other drugs	_____ Measles	_____ Diabetes
_____ (Specify)	_____ Asthma	_____ Ear Infections
	_____ Mumps	_____ Heart Defects

Serious injuries or operations (include dates): \_\_\_\_\_

Recurring or chronic illness: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone : ( ) - \_\_\_\_\_

Dentist/Orthodontist: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Is camper covered by family medical/hospital insurance? Yes No

If yes: Insurance Company Name: \_\_\_\_\_

Policy/group number: \_\_\_\_\_

Whose name is this policy in: \_\_\_\_\_

Their telephone number ( ) \_\_\_\_\_

OVER



**Camper Restrictions and Medications (give specific details and instructions)**

Special Diet: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Prescription Drugs: \_\_\_\_\_

Swimming Restrictions: \_\_\_\_\_

Specific activities to be encouraged: \_\_\_\_\_

Specific activities to be restricted: \_\_\_\_\_

Suggestions/Additional Information: \_\_\_\_\_

**Authorization and Consent of Parent(s) and/or Legal Guardian(s):**

The following MUST be SIGNED and DATED by both the camper and/or camper's parent(s) or legal guardian(s) (if the camper is under the age of 18). This form is to be present before/upon arrival at camp for inspection by the Health Care Officer of Diocese of Gaylord/Kettunen Center.

This Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted within this document.

I hereby give permission to the physician selected by the Camp Director to order x-rays, routine tests and treatment for the health of \_\_\_\_\_ (campers name); and in the event that I can not be reached in an emergency, I hereby give permission to the physician selected by the Camp Director or their representative to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for:

(Camper's full name) \_\_\_\_\_

**Signature(s)**

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Camper's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Due back June 1, 2015

# ***WHAT TO BRING TO CLI***

***BESIDES YOURSELF, A GOOD ATTITUDE, AND A  
WILLINGNESS TO MAKE FRIENDS***

## **CLOTHING**

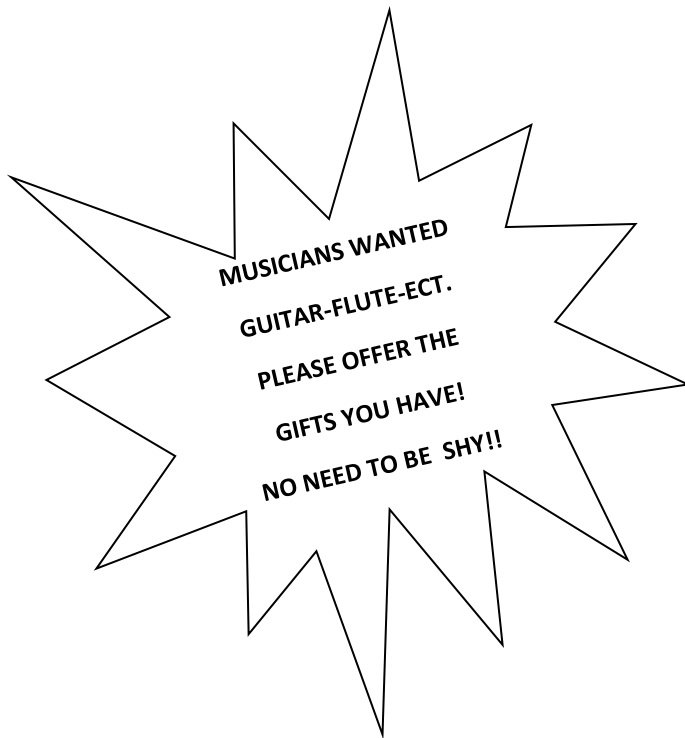
- ◆ Informal Camp Clothes
- ◆ Pants/Shorts
- ◆ Short/Long Sleeve Shirts
- ◆ Sweater/Jacket
- ◆ Socks/Underwear for week
- ◆ Bathing Suit
- ◆ Shoes-Sneakers/sandals

## **PERSONAL ITEMS**

- ◆ Soap in a container
- ◆ Toothbrush
- ◆ Toothpaste
- ◆ Deodorant
- ◆ Shampoo/Conditioner
- ◆ Brush/Comb
- ◆ Bible

## **LINENS**

- ◆ Bedding (Sleeping Bag/Blankets)
- ◆ Pillow
- ◆ Bath Towels
- ◆ Beach Towels
- ◆ Bag for Laundry



## **What NOT to Bring to CLI**

No Food Items of Any Kind

No Dress Up Clothes

No Expensive Items

No Skateboards/Rollerblades, Ect.

No Cellphones

No Ipods/Ipads

No MP3 Players

No CD Players/Boom boxes

No TV's