



**2025
Emmaus Retreat
for
Persons with Intellectual Disabilities
August 15, 16, 17
Chapel Rock Retreat Center, Prescott, AZ**

Ages 18+

Open to Participants from the Parishes of the Diocese of Phoenix

Participants **not** riding the Provided Transportation: \$75.00

Participants who are riding the Provided Transportation: \$90.00

Caregiver Fee - **not** riding the Provided Transportation: \$105.00

Caregiver Fee – riding the Provided Transportation: \$120.00

(Transportation will depart from Blessed Sacrament Parish, Scottsdale)

Chapel Rock Retreat Center, Prescott, AZ

For more information or to register on-line, please contact Blessed Sacrament Parish

Office of Faith Formation and Education or visit <https://bscaz.org/emmaus>

e-mail: lfraher@bscaz.org or irice@bscaz.org

Telephone: **480-508-5586 or 480-534-5946**

*Generous funding assistance has been provided
by Blessed Sacrament Parish, Scottsdale, and the
Bergmann Family Trust.*

June 30, 2025

Dear Friends,

Enclosed is the registration packet for the Annual Retreat. It is scheduled for Friday, August 15 through Sunday, August 17, 2024, at **Chapel Rock Retreat Center in Prescott.**

For those riding the provided transportation, **we will meet at 1:00 PM on Friday, August 15 at Blessed Sacrament Parish** in Scottsdale, and will **leave at 1:30 PM.** Please make sure that you eat lunch before coming to the parish. **We will return to Blessed Sacrament between 2:30 & 3:00pm on Sunday, August 17.** The fee for the weekend is \$75.00 per participant and \$105.00 per caregiver. This includes your room and all meals. Transportation from Scottsdale will be an additional \$15.00 per person. We have done our best to keep the cost low. Please understand that the fees for participants and caregivers represent only about 1/3 of the actual per-person expense for the retreat. We have received a generous assistance from Blessed Sacrament Parish and other funding sources that help us to make up the difference in the expenses. **Please do not let the cost of the retreat keep you from attending. Everyone will be asked to pay something, but if you need assistance please contact Larry or Isabella by e-mail at lfrac@bscaz.org or irice@bscaz.org.**

The last day for accepting registration will be Monday, August 4, 2025. There are two ways to register, you may complete the forms attached here, or you may register by downloading the form through our website (www.bscaz.org/emmaus), completing it, and e-mailing it back to us.

As you fill out the registration forms please make sure that you **clearly print** all of the responses. Please pay close attention to the completing the information regarding the medications you take. Those who self-medicate will do so and should bring their medications **in the original containers** with the information regarding dosage and type of medicine in case of an emergency. ***Those needing assistance with their medicine will be sent additional information once we receive your registration. Medications will only be distributed according to the schedule that you provide on the medicine form.***

Participants who self-medicate may bring their own over the counter medications in clearly marked original containers. If you feel that you may need such items, and do not self-medicate or wish not to bring them with you, in order for them to be provided, please sign the area on the medication form that indicates that you will allow the designated retreat team member to provide these medicines. It is also important that you ***give specifics as to what over the counter medicines you may be allergic to.***

We're returning to Chapel Rock this year. You will need to bring your clothes, shampoo, toothbrushes, toothpaste, pajamas and any other special items you might want. The most important thing to bring is yourself and be ready to grow in faith and celebrate friendships old and new!

We look forward to seeing you soon!

Peace and blessings, Emmaus Retreat Team

PLEASE KEEP THIS PAGE AS A REMINDER OF THE DETAILS FOR THE RETREAT.

Registration
Emmaus Retreat for Persons with Developmental Disabilities
“Hope: Jesus Points the Way”
August August 15-17, 2025

To Register: Complete the registration form below and **return by August 4, 2025**
(Checks should be made out to **Blessed Sacrament Church/Emmaus Retreat**)

Send to: **Emmaus Retreat**
Blessed Sacrament Catholic Church
11300 North 64th Street
Scottsdale, AZ 85253

Please print or type the following information about the participant:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

T-Shirt Size: S M L XL XXL other _____

Will this participant use the transportation from Scottsdale and Back? ☐ Yes (additional fee \$15) ☐ No

Please print or type the contact information in the event of an emergency:

Emergency Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Other: _____

Does the participant have any of the following:

Seizures	Yes	No	Has participant been gone overnight:	Yes	No
Allergies	Yes	No	Does participant have limitations:	Yes	No
Diabetes	Yes	No			

Please explain allergies or limitations. This includes over the counter medications: _____

Does the participant self-medicate: Yes ☐ No ☐ if yes, please sign below to allow them to do so on the retreat.

Parent/Guardian Signature

Date

In an emergency, I authorize treatment be provided to _____
Name of participant

I further authorize retreat personnel to transport and obtain such treatment as required.

Parent/Guardian Signature

Date

Blessed Sacrament Roman Catholic Church, Scottsdale
Release Forms

I request that the above named participant be allowed to participate on the Emmaus Retreat with Blessed Sacrament Catholic Church. In the event of an illness or injury, I request that a designated volunteer or staff member obtain medical treatment for the participant named herein if we, or the emergency contact person, cannot be reached. I understand reasonable precautions will be taken to safeguard the health and well-being of the participant, and that I will be contacted immediately in case of emergency, accident, or the onset of illness. I will not hold Blessed Sacrament Catholic Church, the Diocese of Phoenix, the chaperones, volunteers or employees responsible for any accident, injury, or illness occurring during the retreat. I further agree to make arrangements for this participant to be picked up and transported home should he/she become ill while on the retreat.

Participant Initials: _____ Parent/Guardian Initials: _____

I agree on behalf of myself, or the participant named herein, or our heirs, successors, and assigns, to hold harmless and defend Blessed Sacrament Church, its officers, directors, employees and agents, and the Diocese of Phoenix, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my, or the participant named herein, 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, its officers, directors and agents, and the Diocese of Phoenix, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from negligence of the parish/diocese.

Participant Initials: _____ Parent/Guardian Initials: _____

I authorize that appropriate pictures of the participant may be taken during the retreat. I hereby grant the use of and release to the Catholic Diocese of Phoenix and Blessed Sacrament Catholic Church the use of the participant's name or likeness, whether in still, motion pictures, audio and video tape, the participant's photograph and/or other reproduction of him/her including his/her voice and features with or without his/her name for any promotional purposes involving the diocese or parish/school, news or feature stories in The Catholic Sun or other media, including the internet and/or world wide web, or other purpose whatsoever, except for the endorsement of any commercial products. These items may be used without limitation or reservation of any fee.

Participant Initials: _____ Parent/Guardian Initials: _____

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian (if applicable): _____ Date: _____

Dear Parent/ Guardian:

Before the participant can attend the retreat the following information must be completed and returned to the Blessed Sacrament Parish by August 4, 2025.

- If the participant self-medicates we still need to have the exact dosage and names of the medications in the event of an emergency.
- If the participant needs assistance please provide the medication(s) in the original container as well as the dosage.
- The medicine(s) will be collected prior to the participants leaving the parish.
- Please list each medication on a separate line and mark the appropriate time they are to be administered.

Medical Information

Please **Print Participant Information**

First Name:	Last Name:
Address:	
City:	State: Zip:
Telephone: (Home)	(Cell)
Self-medicates: Yes No	

Please **Print Emergency Contact Information**

First Name:	Last Name:
Telephone: (H)	(Cell) (Other)

Please **Print List of Allergies**

Please **Describe Reaction(s)**

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

I give permission for _____ to be given over-the-counter medication.
Name of participant

Parent/Guardian Signature

Date

PLEASE LIST ALL DAILY MEDICATIONS ON THE BACK OF THIS PAGE

In order for us to transcribe the information accurately to our records: PLEASE PRINT!

Prescription Name	Dosage	Friday Dinner	Friday Bed	Saturday Breakfast	Saturday Lunch	Saturday Dinner	Saturday Bed	Sunday Breakfast	Sunday Lunch
Comments or Special Instructions:									