



RETREAT THEME: *Ignite*

The retreat will include talks and personal prayer time, leading the youth to take greater ownership of their Catholic faith and their identity as sons and daughters of God. Youth will also be inspired to live out their relationship with God and Christ in a real way through receiving a renewal in their faith and a strong, supportive community.

WHO: All *current* 6th - 8th Graders

WHEN: Friday, July 15 - Sunday, July 17, 2016

Drop off 4:00 P.M. & Pick up 3:00 P.M.

WHERE: Dickson Valley Retreat Center | Newark, IL

COST: \$150 per participant

Scholarships are available ☺ Contact Courtney Bonty.

The cost covers lodging, transportation, a t-shirt, retreat materials, and activities while at the retreat center. Activities include: laser tag, low ropes challenge course, rock climbing, canoeing, campfires, and more!

The retreat is being organized by the following parishes:

Holy Cross, Deerfield | Queen of the Rosary, Elk Grove Village

St. Mary of the Annunciation, Mundelein

This weekend will be a great opportunity to grow in faith and fellowship with youth from your own parish as well as with youth from parishes in the surrounding area!

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To register, please return this form to Courtney Bonty, Coordinator of Youth Ministry, in the Parish Office by Friday, April 21. Payment will be collected at a later date.

Jr. High Summer Retreat

Friday, July 15 – Sunday, July 17, 2016 drop off, and pick up will be at Queen of the Rosary Parish Office.

Dickson Valley Retreat Center

8250 Finnie Rd. Newark, IL 60541-9573

I give permission to my son/daughter (PRINT participant's name) _____

First

Last

to participate in the event sponsored by Queen of the Rosary Parish. I hereby release and indemnify the Archdiocese of Chicago, Queen of the Rosary Parish for this event, its staff and volunteers; and the Catholic Bishop of Chicago, a Corporation Sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in the program. I understand that if my child violates any laws regarding possession of alcohol or drugs, or rules governing the event, I will be called and notified about situation and/or arrangements made to send my child home at my expense.

We will send an e-mail confirming your participation in this event to the address you provide below:

e-mail address

Yes

No

Queen of the Rosary Parish may use photographs/videos of my child at this event for promotion in the bulletin & parish website/parish Facebook page.

Student Signature

Parent/Guardian Signature

Date

Teenager's Name: _____ Teen's Number: _____ Grade: _____ Birth Date: _____

Parents' Name: _____ Parents' Numbers: _____ Teen's T-shirt Size(Y/A): _____

MEDICAL AUTHORIZATIONS

In the event that the undersigned cannot be reached, and in the judgment of the responsible adults or other appropriate staff members accompanying the group. If there is a necessity for immediate examination and/or treatment of my child. I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

I GRANT PERMISSION for the adult chaperons for this event to administer non-prescription drugs as needed for my teen (aspirin, ibuprofen, antacids, etc.) _____ YES _____ NO

EMERGENCY CONTACT (In event that parent(s)/guardians(s) cannot be reached.)

NAME OF EMERGENCY CONTACT _____

Relationship _____ Phone No. () _____

NAME OF PHYSICIAN _____ Phone No. () _____

Address _____ City _____ State _____ Zip _____

INSURANCE INFORMATION

Policy in the Name of _____ Policy # _____

Insurance company _____ ID # _____

HEALTH INFORMATION

Allergies: _____ Current Med _____

PARENT SUPPORT: I would be willing to: A. Drive retreatants to and from the retreat center B. Assist with check in on July 15
C. Help by being a chaperone throughout the retreat

School

Name of Youth Group Leader

Questions or concerns? Contact Courtney Bonty, courtneybonty@qotr.org or (815)295-3821