

Medical Release & Parent Info

Youth Name: _____

Parent Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Other Parent Name: _____

Other Parent Phone: _____

Address (if different from participant):

Emergency Contact: _____

Emergency Contact #: _____

Medical Insurance

Allergies: _____

Medications: _____

Family Physician: _____

Physician Phone: _____

Insurance Company: _____

Policy #: _____

I, the undersigned, parent or guardian of _____, a minor, do hereby authorized the adult(s) representing the New Albany Deanery Catholic Youth Ministries as my agents, to consent to any examinations, X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable by a qualified physician or local hospital. A Catholic Youth Ministries Representative agrees to contact the undersigned as soon as possible if any emergency should arise. I will assume responsibility for fees incurred by such an emergency. In addition, I certify that the above information is correct and give permission for the release of medical records to the attending physician. I realize that I cannot hold the parish, the New Albany Deanery Catholic Youth Ministries or the Archdioceses of Indianapolis responsible for such an emergency.

Parent Signature: _____

Date: _____



New Albany Deanery
Catholic Youth Ministries

101 St Anthony Dr
Mt St Francis, IN 47146
812-923-8355



Sophomore

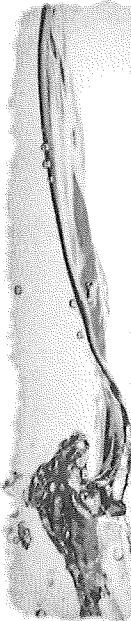
Retreat



February 17-18

2018

Frequently Asked Questions



When and where does this retreat take place?

This retreat is held in the Youth Center at Mount Saint Francis Center for Spirituality. It begins Saturday morning at 8:30AM and concludes Sunday afternoon at 12:30PM. Participants are REQUIRED to stay for the entire time of the retreat.

What should I bring with me?

You will receive an email two weeks before the retreat that will give you all the details you need to know about the weekend, as well as a packing list (this will also be available on our website)! The list normally includes casual & comfy clothing, bedding, towel & toiletries, and a snack to share with the group. If you need a mailed copy please contact us at 812-923-8355.

What do we do all day?

If you've never been on a retreat before, you are probably wondering what in the world you'll be doing all day! Our retreats provide a great mix of prayer, games, witness talks, small group time and discussion, creative projects, meal time, faith-sharing, and free time to explore the beauty of the Mount!

Who will be there?

Lots of new friends! Whether you come to retreat knowing everyone there, or no one at all, you can be sure to walk away with great new friends! People often share that they met lifelong friends during retreat experiences. There will also be a team of trained adults and young adults to help lead and guide you through the experience.

Does this retreat meet the requirement for Confirmation?

All of our retreats nurture and foster Catholic identity and create an environment for a deepening, awareness, and practice of the Sacramental life of our Church. They are an excellent experience in preparing young people for Confirmation. Many parishes accept Deaneys for Confirmation. Many parishes accept Deaneys retreats as the requirement for Confirmation. However, you will need to check with your parish youth minister to confirm what is required by your individual parish.

Are you standing on the shore,
waiting for the right time to

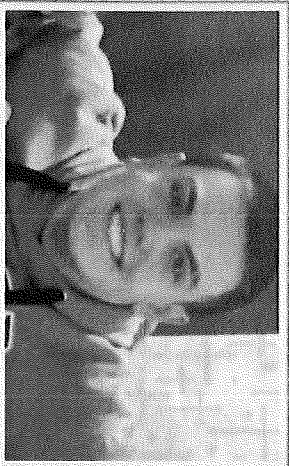
dive into your Catholic faith and
your relationship with Jesus Christ?

Are you ready to take a hand,
close your eyes, count to three and
take a leap of faith?

This retreat will invite and challenge
you to dive deeper into your faith.
Are you ready to take the plunge?

"This retreat helped me to not be afraid
to express my faith"

"Taught me that I can do so much
more to get involved!"



"I felt like it was easy to relate
to others & share easily!"

"I learned that I want to grow
closer to God, and that I can
express my faith freely!"

Divin' IN Sophomore Retreat

Registration Form - Participant Information

Name: _____

Address: _____ City/

St/Zip: _____

Parish: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Date of Birth: _____ Sex: M F

School: _____ Grad Yr: _____

Important Notes:

- ❖ Some parishes offer assistance with retreat fees. Please check with your parish youth minister to see if you qualify.
 - ❖ Participants are required to stay for the entire time of the retreat. This retreat begins Saturday morning at 8:30AM and concludes Sunday afternoon at 12:30PM.
 - ❖ Participants should expect to go without their cell phones or other media devices during their time on retreat
 - ❖ A parent letter and a packing list are available on our website at nadyouth.org/our_ministries/high_school/ youth retreats. These will also be emailed one week prior to the retreat.
- I would like to register for:

_____ **February 17-18, 2018 (\$95.00)**

(Registration deadline February 2nd)

_____ I would like to make a donation to CYM so that
others can attend retreats \$ _____

Financial need should never be the reason to not attend. Please contact the Catholic Youth Ministries office for more information at 812-923-8355.

Send registration & payment to:

Catholic Youth Ministries

101 St Anthony Dr

Mt St Francis, IN 47146

or Register & Pay Online at NADYOUTH.ORG

CYM Office Use: Amt Received _____ Check _____