

# Encounter

## Fall Retreat

September 10-12, 2010  
6:00 p.m. - 12 Noon

St. Leonard Youth Retreat Center  
4076 Case Road, Avon, Ohio 44011

Our Lady of the Lake Youth Ministry Program will be hosting a retreat for high school students from Friday evening, September 10th through 12:00 Noon Sunday, September 12, 2010. The cost of this retreat is \$50 which includes all meals, retreat materials, and lodging for 2 nights. Registration deadline is Tuesday, September 8, 2010

*Note: No one will be denied for financial reasons.*

### Purpose of this Retreat:

- \* To take a break from your busy schedule to spend some time growing in faith and friendship.
- \* To meet other young men and women who share your faith and to challenge yourself and others to encounter God in new and different ways.
- \* To grow in your relationship with God, with yourself and with others and to discern the ways God is calling you to use your gifts and talents!

Retreat Fee: \$50.00

Note: A \$25 non-refundable deposit must accompany registration.

(Please contact Rita if financial assistance is needed at 486.0850)

After submission of your registration and deposit fee, you will receive a confirmation letter with detailed information about the weekend (what to bring, what to expect, rules for the retreat, etc.) If you have any questions or concerns about this retreat, please contact Rita Testa, Youth Minister 216.486.0850 or email: [Rita@ourladyofthelakeoh.org](mailto:Rita@ourladyofthelakeoh.org).

*To sign up for this retreat, complete the back of this form and return it to Mrs. Testa at the Parish Office no later than Tuesday, September 8, 2010 Register early - - Space is limited !*

# ENCOUNTER RETREAT SIGN-UP FORM

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female: \_\_\_\_\_

School: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parish: \_\_\_\_\_

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

## *To be read and signed by Parent/Guardian:*

I as legal parent or guardian, hereby grant permission for the above named student to participate in the Encounter Retreat, sponsored by Our Lady of the Lake High School Youth Ministry Program on Friday, September 10, through 12:00 Noon on Sunday, September 12, 2010. I understand that it is my responsibility to transport my teen or to arrange for transportation for my teen both to and from the retreat location at the appointed times. (arrival on 9/10 6:00p and pick up on 9/12 at 12:00 Noon). I understand that the Adult Retreat Team Members will provide the best possible supervision, but that neither they, Our Lady of the Lake Parish, or the Diocese of Cleveland or the owners of the retreat facility are legally responsible for any accident or incident that may occur during this retreat. I release them from all liability and waive all claims of any kind. In addition, I have completed the Medical Authorization and the Code of Conduct form with my teen below. To reserve a space for my teen, I am including with this consent form, a \$25 non-refundable deposit made payable to Our Lady of the Lake Parish. Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION OF MEDICAL TREATMENT OF MINOR CHILD

I, the parent/legal guardian of \_\_\_\_\_, a minor, who is in the care and custody of Our Lady of the Lake High School Youth Ministry Program on September 10, 11, & 12, 2010 do hereby give my consent to seek medical attention and treatment deemed necessary by Dr. \_\_\_\_\_, Phone: \_\_\_\_\_ or physician; and to transport my child to \_\_\_\_\_ hospital or any hospital reasonably assessable.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Emergency Contact Numbers: Home: \_\_\_\_\_ Cell (s): \_\_\_\_\_

2nd Emergency Contact Person: \_\_\_\_\_ Relationship to teen: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Child's SS# (optional) \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Prescribed Medications your child will self-administer during the retreat: \_\_\_\_\_

## CODE OF CONDUCT

- 1.You may not possess or consume illegal substance including alcohol, tobacco, or other drugs. Luggage and personal belongings may be inspected. Do not bring water bottles or any other beverage containers.
- 2.You may not be present in the sleeping area or bathroom of the opposite sex.
- 3.You may bring a cell phone to the retreat, however, use is restricted to free time only.
- 4.No one may leave the premises of the retreat location during the retreat.
- 5.All property must be treated with care and respect. Parents will be held financially responsible for any damage attributed to your teen.
- 6.Teens must follow the retreat schedule as well as the directions of the Retreat Team Leaders and Adult Chaperones.

***I agree to abide by the Code of Conduct stated above and cooperate with Retreat Leaders and Chaperones. Violation of this agreement may result in immediate dismissal and require the parent to pick up the teen from the retreat location in Avon, Ohio. If a teen is dismissed, NO reimbursement will be made and he/she may forfeit the privilege of attending future overnight activities sponsored by Our Lady of the Lake Youth Ministry Program.***

Teen Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## PHOTO CONSENT

I understand that my child may be photographed during this event and hereby give consent to Holy Cross Youth Ministry to use such photographs without limitations in connection with any work and/or advertising for Our Lady of the Lake Youth Ministry Program.

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