

WEST DEANERY  
JR. HIGH RETREAT  
HOSTED @ ST. THOMAS MORE  
MOORESVILLE

DECEMBER 4/5

COST: \$35.00

THEME:  
Eucharist – The Ultimate Gift



REGISTRATION INFORMATION IS  
AVAILABLE ON THE PARISH WEBSITE  
[WWW.STGABRIELINDY/YOUTH](http://WWW.STGABRIELINDY/YOUTH) OR  
OUTSIDE OF THE YOUTH ROOM



crafts, movie, games, overnight, lots of fun!  
Meet others from the West Deanery Parishes

**WEST DEANERY JUNIOR HIGH (7<sup>TH</sup>/8<sup>TH</sup> GRADE)  
ANNUAL OVERNIGHT RETREAT**

**“EUCHARIST: THE ULTIMATE GIFT”**

**Location: St. Thomas More Catholic Church  
1200 N. Indiana Street, Mooresville**

**Date: Friday/Saturday – December 4/5, 2009**

**Cost: \$35.00**

**Make checks payable to: St. Gabriel Church**

**BRING:** Sleeping Bag, Pillow, Change of Clothes and Toiletries (No Showers!)

(Boys bring a 2-liter soda to share; Girls bring a snack to share)

**RESPONSIBLE FOR OWN TRANSPORTATION TO/FROM RETREAT. PLEASE NOTE THAT THIS 24-HOUR RETREAT ENDS WITH THE 5:00PM PARISH MASS AT ST. THOMAS MORE CHURCH. ATTENDANCE AT MASS IS EXPECTED OF ALL RETREAT PARTICIPANTS. TEENS SHOULD BE PICKED UP AT 6:00PM, THOUGH FAMILIES ARE MORE THAN WELCOME TO JOIN THEIR TEENS FOR MASS!**

Participant name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's names: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mom's Cell phone: \_\_\_\_\_ Dad's Cell phone: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies or special health needs we should be aware of? \_\_\_\_\_

**SELF-ADMINISTRATION OF MEDICATION FORM IS REQUIRED IF YOUTH IS TO RECEIVE MEDICATION.**

**Liability Release Form – Release of all claims**

**\*\*\*Must be completed by all participants\*\*\***

In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental in such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Archdiocese of Indianapolis / St. Gabriel Parish, its agents, employees and offices and the chaperon, leaders, organizers and sponsors, and persons transporting our child to and from these activities. Neither the Archdiocese of Indianapolis /St. Gabriel Parish nor any of said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of the activity.

I understand that my child may be photographed, unidentified in group situations; and I hereby grant permission for my child to be photographed & identified for releases to The Criterion and/or Archdiocesan website, Parish bulletin boards, and/or other Parish promotions.

I also understand that inappropriate behavior on the part of my child may result in his/her dismissal from the event. I am then responsible for picking him/her up immediately.

We, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of the significance.

In the event of an emergency and I cannot be contacted, I hereby authorize that emergency treatment may be administered.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT INFORMATION – other than parents**

Alternate Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

**REGISTRATION DEADLINE: November 15, 2009**

Call Teresa Keith with Questions...291-7014 #27 or email: [tkeith@stgabriellindy.org](mailto:tkeith@stgabriellindy.org)