

JUNIOR RETREAT and OVERNIGHT JUNIOR RETREAT
APPLICATION 2019 - 2020

Held at St. Meinrad Archabbey, St. Meinrad, IN and Laurel Hall, Indianapolis, IN

Name _____

Address _____ City _____ Zip _____

Phone Number _____ Dietary needs: _____

Parent Name: (Mom) _____ Work Phone _____

(Dad) _____ Work Phone _____

Parent Signature _____

Here are some important details about your Junior Retreat and dates to choose from, Please indicate your choices 1, 2, or 3 next to the dates

#1. ___ TBA, 2019 St. MEINRAD OVERNIGHT RETREAT (Limit 30 People) @ **ST. Meinrad**

This unique retreat is lead by Mr. Matt Cannaday. Visit St.Meinrad Abbey and learn about Benedictine Monastic life. Leave after school and return by approx 3:00pm.

SPECIAL NET RETREATS directed by a Team of young Catholic people from NET Ministries. They are an amazing group; "...they challenge young people to love Christ and embrace the life of the Church". Attached is a link so you can read more about them. <https://netusa.org/mission/>

#2. ___ NOVEMBER 5, 2019 Day Retreat, NET Retreat @ **Laurel Hall**

#3. ___ JANUARY 14, 2020 Day Retreat, NET Retreat @ **Laurel Hall**

#4. ___ FEBRUARY 6, 2020 Day Retreat, NET Retreat @ **Laurel Hall**

#5. ___ MARCH 18, 2020 Day Retreat, NET REtreat @ **Laurel Hall**

Here's what to bring and what NOT to bring!

• Dress comfortably, no uniform, no yoga pants and please remember modesty in your attire.

PLEASE BRING:

• Snacks for your group to share, and open mind and your great attitude!

DO NOT BRING:

• iPods • books • games and cards • laptops • NO alcohol, drugs, tobacco or alcohol of any kind * ***This is a Cathedral Retreat, ALL Cathedral High School rules apply.***

(OVER)

Application should be turned into Mrs. Witka or Mrs Bozzelli-Levine in the campus ministry office in the SLC as soon as possible in order to assure a spot on your preferred date.

**Cathedral High School Overnight Junior Retreat
Medical Consent Form**

Cathedral student, _____, will be traveling overnight on a Cathedral High School sponsored retreat. The St. Meinrad Junior Overnight Retreat, will be held: Date: TO BE ANNOUNCED

In the event of illness or injury, it may not be possible to reach a parent/guardian immediately. In order to seek immediate medical attention (if necessary), your signature on this form will release any Cathedral High School representative to seek the best medical attention for your student that can be provided.

Student Name _____

Parent/Guardian Permission My signature below indicates that I grant permission to have my child treated for a medical condition as needed and determined by a Cathedral High School representative. Every effort has been made to contact us (the parent or guardian) at the numbers provided below. I understand that contact has not been established and treatment may be necessary.

I understand that the Cathedral High School representative will have my child treated as necessary if I cannot be reached so as to prevent further injury or harm while awaiting my consent.

I understand there may be certain risks involved and will not hold Cathedral High School responsible for any injury sustained while participating in this event. I also allow a Cathedral representative to seek medical treatment for my student in good faith should they not be able to contact me. I will not hold medical personnel responsible for acting in their best medical judgment.

Signature of Parent _____

Parent Name (Please Print) _____

Address _____

Date _____

Numbers where I can be reached: _____ or _____

Emergency (Contact Name & Number) _____

Please return this form to Campus Ministry with your application.

