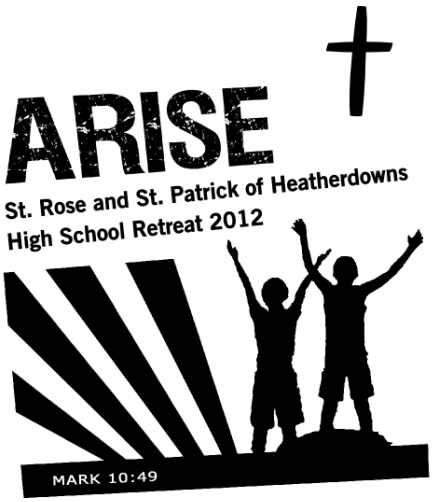
St. Patrick of Heatherdowns

A Vibrant Catholic Community



Dear Parents of high school teens,

This semester we will be having a joint High School Retreat focusing on the Gospel message and the call of the Bartimaeus the blind beggar from the Gospel of Mark. We will be joined by St. Rose high school youth group. It will begin the **weekend of February 24-26** and will be located at the beautiful Lial Renewal Center in Whitehouse, Ohio

In today's culture and society, our teens are constantly flooded with media and the messages of the culture: music, ipods, radio, television, internet, and advertisements. A retreat is just that – retreating from the world in order to clear out all the negative influences, spend time with Jesus, and recharge.

This retreat will be located at a retreat center in Whitehouse that is fully staffed and provides a relaxing and secluded environment for our teens to just be themselves. The core team has been working hard to prepare for this retreat and is excited to welcome all the kids and make an atmosphere of love and acceptance, even for the shy kids or those who don't know many people on retreat. The facility is also equipped to handle basic medical needs in case of an accident. The adult core member to student ratio will be around 1:5 and all adults have gone through proper Protecting Youth procedures required by the Diocese.

This is such an important event for your teen to go on for a few reasons:

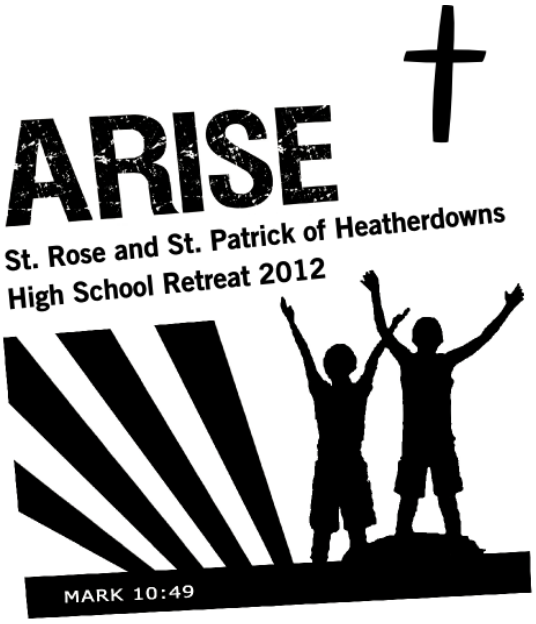
- Retreats are a great opportunity for the teens to be disengaged from the culture and open to a positive and life changing experience of their Catholic faith.
- Retreats are great for teens who are new to youth group. Teens that go on retreat together develop very close and positive friendships.

I encourage you to send your teen and to pray for them while they are on retreat. In my experience, teens look forward to retreats like these more than any other youth ministry trip of the year.

We look forward to seeing your teens on retreat and are excited for the miracles God will work this semester through retreat. If you have any questions please feel free to contact me.

God Bless,
Edmund Mitchell
St. Patrick of Heatherdowns
Director of Youth Ministry
(740) 278-5321
Edmund.mitchell@toledostpats.org

HIGH SCHOOL SPRING retreat information



Date: Evening Friday Feb. 24 – Morning Sunday Feb. 26

Location: Lial Retreat Center, Whitehouse OH

Cost: $75 -- Due by Feb. 5, 2012 with forms
Includes bed, food, and T-shirt
*****If this is financially impossible, talk to Edmund and we will work something out. You need to go on this retreat.
Make checks out to St. Patrick of Heatherdowns

St. Patrick of Heatherdowns and St. Rose youth groups are combining for an amazing time of fun, food, games, prayer, small groups, skits, hang out time, Mass, hot chocolate around a warm fire, praise and worship music from special guests the Franciscan University Festival of Praise Team, and more surprises!!! Come grow closer to your youth group friends and take some you time away to recharge at the beautiful retreat center.

What to bring: **1 snack to share** (bag of chips, cookies, steak, Liter of soda, granola bars, etc)
AND Change of clothes, toothbrush, pillow, outside clothes,

Meet at the Holy Family Center at 6:30 PM on Friday, Feb. 24. We will all drive over together. Make sure you eat dinner before you come!

At the beginning of the retreat we will be turning all of our cell phones off and placing them locked in a chaperone's room. (except the two youth ministers, in case of emergency) If you absolutely HAVE to use your phone to contact your parents, you can ask a chaperone and they will allow you to.

We will drive everyone back from the retreat center around 11:30 AM on Sunday and your parents will pick you up from the Holy Family Center. We are going to Mass while on retreat, which will fulfill your Sunday obligation.

There are many parents and adults praying for you and this retreat.
I pray that you will come on this retreat with an open heart ready to have loads of fun, grow closer in community with your Catholic peers, and grow closer to Christ. We really want you to come!

Any questions contact Edmund Mitchell at 740-278-5321 or Edmund.mitchell@toledostpats.org

Arise Retreat 2012

Permission and Medical Release Form

I, the undersigned, hereby grant permission for my son/daughter to attend and participate in the **Arise Weekend Retreat** at the **Lial Retreat Center in Whitehouse, Ohio** from the **evening of Friday, February 24 to the morning of Sunday, February 26, 2012**.

I hereby release and hold harmless the associated parishes and youth groups, the Catholic Diocese of Toledo, Ohio, the Sisters of Notre Dame, the Lial Retreat Center and their staffs, sponsors and all adult volunteers and chaperones from responsibility and liability for any injury or illness that my child may sustain during the event.

In case of a medical emergency, I understand that every effort will be made to contact me (the parent or guardian) of the participant. In the event I cannot be reached or the situation necessitates swift action where there is not time to reach me, I authorize an adult, in whose care my child has been entrusted, to consent to any evaluation, diagnosis, procedure, medication and/or hospital care in accordance with standard medical practice by licensed medical personnel. **(Please fill out emergency medical form on the back of this sheet)**

If my child has a condition that requires medication, regular treatments or some other attention, they are capable of managing such care for their own personal health and well being. I, the undersigned, shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to my child.

I also grant permission to the youth groups involved to use pictures and images from this event that may have my child in them for different advertisements or youth ministry programs as well as on their parish website and social networking sites, such as Facebook.

_____

PRINT Name of Parent/Guardian Signature of Parent/Guardian Date

_____

PRINT Name of Parent/Guardian Signature of Parent/Guardian Date

I, the undersigned, agree to abide by all the rules set down by both my youth ministers and the retreat center staff. I also agree that I will not bring along any alcohol or drugs of any kind on the trip. I understand that failure in these areas may result in my dismissal from the retreat.

_____

PRINT Name of Youth Signature of Youth Date

Arise Retreat 2012

Youth Information and Emergency Medical Form

February 24 - February 26, 2012

Student's Information:

_____

Student's Name Date of Birth

_____

Student's Address City State Zip Code

_____ Texting? (circle one) Yes No

Student's Cell Phone # (may be used to contact students throughout the trip)

T-Shirt Size: (Please circle one) S M L XL XXL

Parent(s)/Legal Guardian(s) Information:

_____

Name of Parent(s)/Legal Guardian(s)

_____

Home Phone # Cell Phone # Work #

In case of emergency, if parent/legal guardian cannot be reached please contact:

Name: _____ Phone (home):_____

Phone (cell): _____

Relationship to Youth: _____ Phone (work): _____

Emergency Medical Information:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Insurance Company: _____

Name of Policy Holder: _____

Policy Number: _____ Group Number: _____

Please list any allergies, medications needing to be taken during trip or conditions that a doctor, in an emergency, should be alerted of below or on a separate sheet