

BRICK

A WEEKEND RETREAT FOR 9TH-10TH GRADERS

6:30pm Friday Mar 16 to 3pm Sunday Mar 18
at Mount St. Francis!

Register with the Archdiocese of Louisville

Office of Youth and Young Adults by **Monday March 5th**



502-636.0296 ArchLoyYM@archlov.org www.archlov.org Youth

Archdiocese of Louisville
Office of Youth & Young Adults
9th-10th Grade Retreat

BRICK

6:30pm, Friday, March 16 – 3:00pm, Sunday, March 18, 2018

at Mount St. Francis Retreat Center
(101 St. Anthony Dr., Mount St. Francis, IN 47147)

This retreat is lead by college students under supervision of Archdiocesan Youth Ministry staff.

About this retreat: The “BRICK” Retreat invites teenagers into a deeper understanding of the Person of Jesus Christ and the Paschal Mystery, challenges them to see Jesus Christ as their Savior, encourages them to explore a more significant relationship with Him, and empowers them to continue to build their lives and faith on the firm foundation of Jesus Christ, our Cornerstone.

COST: \$125.00

(includes lodging, food, and t-shirt)

To register:

Complete and return the enclosed permission form with payment of \$125 by **MONDAY, MARCH 5**
Checks should be made out to “**Archdiocese of Louisville**” and delivered to:

Office of Youth & Young Adults
Attn: 9th-10th Grade Retreat
1200 S. Shelby St.
Louisville, KY 40203

What to bring: Pillow, sleeping bag (or sheets & blanket), toiletries (soap, shampoo, toothbrush, tooth paste, etc.), towel, modest clothing for two days , sleepwear, outerwear (coat, shoes, hat, gloves, etc.) appropriate for being outside, one snack/bag of chips (or equivalent) to share, one 2-liter of soda to share, (Optional: Bible, journal, Rosary)

What NOT to bring: Cell phone or any other electronic devices (including mp3 players, DVD players, tablets, etc.), weapons of any kind, anything illegal for minors to use or possess

Please make arrangements to EAT DINNER BEFORE ARRIVING!

Archdiocese of Louisville Office of Youth & Young Adults
(502)636-0296 ~ ArchLouYM@archlou.org ~ 1200 S. Shelby St., Louisville, KY 40203

9th-10th GRADE RETREAT PERMISSION FORM

I, _____ parent/guardian request that my child, _____, be allowed to participate in the Archdiocese of Louisville 9th-10th Grade Retreat from 6:30pm, Friday, March 16, through 3:00pm, Sunday, March 18, 2018, at Mount St. Francis, IN.

I give permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while participating in these meetings. In consideration of permitting my child to participate, I do hereby, for myself and my child waive and release any and all claims that I may have against the Archdiocese of Louisville, the staff of the Office of Youth & Young Adults, and any designated driver of a van, bus or car, for any and all injuries or losses suffered by said child. I waive and release any and all claims against the owners, leasers or operators of any facilities used for the activity for any and all injuries or losses suffered by said child.

I further give permission for my child to appear in photographs or videos of this event for use in Archdiocesan print publications and digital media.

In case of medical emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the adult in whose care my child has been entrusted to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

Parent/Guardian Signature: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Parish: _____ School: _____ Grade: _____

Home Phone #: _____ Parent Cell #: _____

Youth's Email Address: _____

Parent's Email Address: _____

Emergency Contact (If parent cannot be reached) Name: _____

Relation: _____ Phone #: _____

Gender: M / F T-Shirt Size: XS S M L XL Other: _____

Health Information

Name of Family Physician: _____

Name of Family Health Insurance Company: _____

Policy #: _____ Group #: _____

Current Medications: _____

Allergies/Food Restrictions: _____

May we give Tylenol? _____

**Please return this completed form with a \$125 payment to:
Office of Youth & Young Adults, Attn: 9th-10th Grade Retreat
1200 S. Shelby St., Louisville, KY 40203**