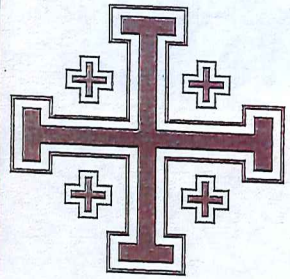
A comment often shared by past participants is that this retreat was the weekend that changed their lives! We are called to know, love, and serve God. How can we be more Christ-like? Come and experience wonderful opportunities to deepen God's awesome presence in your life.

A few quotes from former participants:

"Christian Awakening was a turning point for me. For the first time, I really understand what it means to love others as I love myself."



"As I completed high school and went into the Marines, I would often think about my days on the Christian Awakening retreat and smile. The things I learned in those four days have been a continual inspiration to me in all I do."

"God doesn't make junk! I was not in a good place in my life, and the people who shared with me during the retreat really opened my eyes and soul to something so much better..."

Frequently Asked Questions

What Should I bring? You will receive an email before the retreat weekend giving you all the details! In general, you will be packing comfortable clothing, toiletries, towel and washcloth, etc.

What do we do on a retreat? If you've never been on a retreat before, don't worry! You will be with awesome people and experience a great mix of prayer, games, small group discussions, meals, Sunday Mass, and sleep! There is also a team of young adults and youth ministers to guide the retreat!

CHRISTIAN AWAKENING RETREAT REGISTRATION

I, _____, parent/guardian, request that my child, _____, be allowed to participate in the Archdiocese of Louisville Christian Awakening Retreat **March 23, 7pm until March 25, 6pm.** I understand participants are required to stay for the entire time of retreat.

Parish_____School_____Grade____

I further 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 this retreat. 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 said office and any designated driver of a van, bus, or car, for any and all injuries or losses suffered by said child. I further 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.

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, named herein.

Signature of Parent/Guardian_____

Address_____City_____State_____

Parent Cell_____

Emergency Name and Number_____

I give permission for my child to be photographed and that the photo may be used for diocesan publication.

Parent/Guardian Signature_____

Medical Release and Parent Info

Youth Name_____

Parent Name_____

Phone_____

Email_____

Other Parent
Name_____

Phone_____

Address (if different from participant)

_____

Emergency Contact and Phone

_____

Medical Insurance

Allergies _____

Medications _____

Family Physician _____

Physician Phone _____

Insurance Company_____

Policy #_____

I, the undersigned, parent or guardian of _____, a minor, do hereby authorize the adult(s) representing the Archdiocese of Louisville Catholic Youth Ministries as my agents, to consent to any examinations, X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable by a qualified physician or local hospital. A Catholic Youth Ministries representative agrees to contact the undersigned as soon as possible if any emergency should arise. I will assume responsibility for fees incurred by such an emergency. In addition, I certify that the above information is correct and give permission for the release of medical records to the attending physician. I realize that I cannot hold the parish or the Archdiocese of Louisville responsible for such an emergency.

Parent Signature_____

Date_____

Christian Awakening Retreat 2018

FLAGET RETREAT CENTER

LOUISVILLE, KY

March 23-25, 2018

ARCHDIOCESE OF LOUISVILLE