

St. Andrew Task Force Jr. High RETREAT

Grades
6, 7, & 8!

June 11, 12 & 13
St Mary Cathedral School
Gaylord, MI
Register Now!

Limited availability



St. Andrew Task Force

Be one of the first to register! Represent your parish at this weekend retreat. Grow in your faith. Spend time with our seminarians. Learn how they encounter Jesus in their daily lives, find support in their faith commitment and have fun!

Presenters: Bishop Hebda and Fr. Don Geyman

There will also be plenty of time for socializing and sports!

WHAT TO BRING

- Dress clothing for attending the Priestly Ordination Mass of Deacon Gerald Okoli and Deacon Sylvestre Obwaka at St Mary Cathedral on Saturday.
- Appropriate attire for outside and inside gym activities, i.e. jackets, tennis shoes and gym wear
- Bible
- Personal items (pillow and bedding for indoor camping on the floor, plus towel, washcloth, etc.)
- Snack to share with the group during breaks and in the evenings

TIME

Arrive: 7:00 p.m.
Friday, June 11

Depart: 9:00 a.m.
Sunday, June 13

COST

\$25.00 which includes all activities and meals.
This retreat is also funded in part by gifts to the annual Catholic Services Appeal.



Because we do not want anyone to be excluded due to financial concerns, if you are in need of financial assistance in order to attend, please contact Fr. Don Geyman in the Vocations Office at 989.705.3532.

Register by using the enclosed form. For your convenience a map is printed on the back of this page.

REGISTRATION DEADLINE: JUNE 4, 2010

Please direct any questions to Fr. Don Geyman at 989.705.3532 or via e-mail at dgeyman@dioceseofgaylord.org

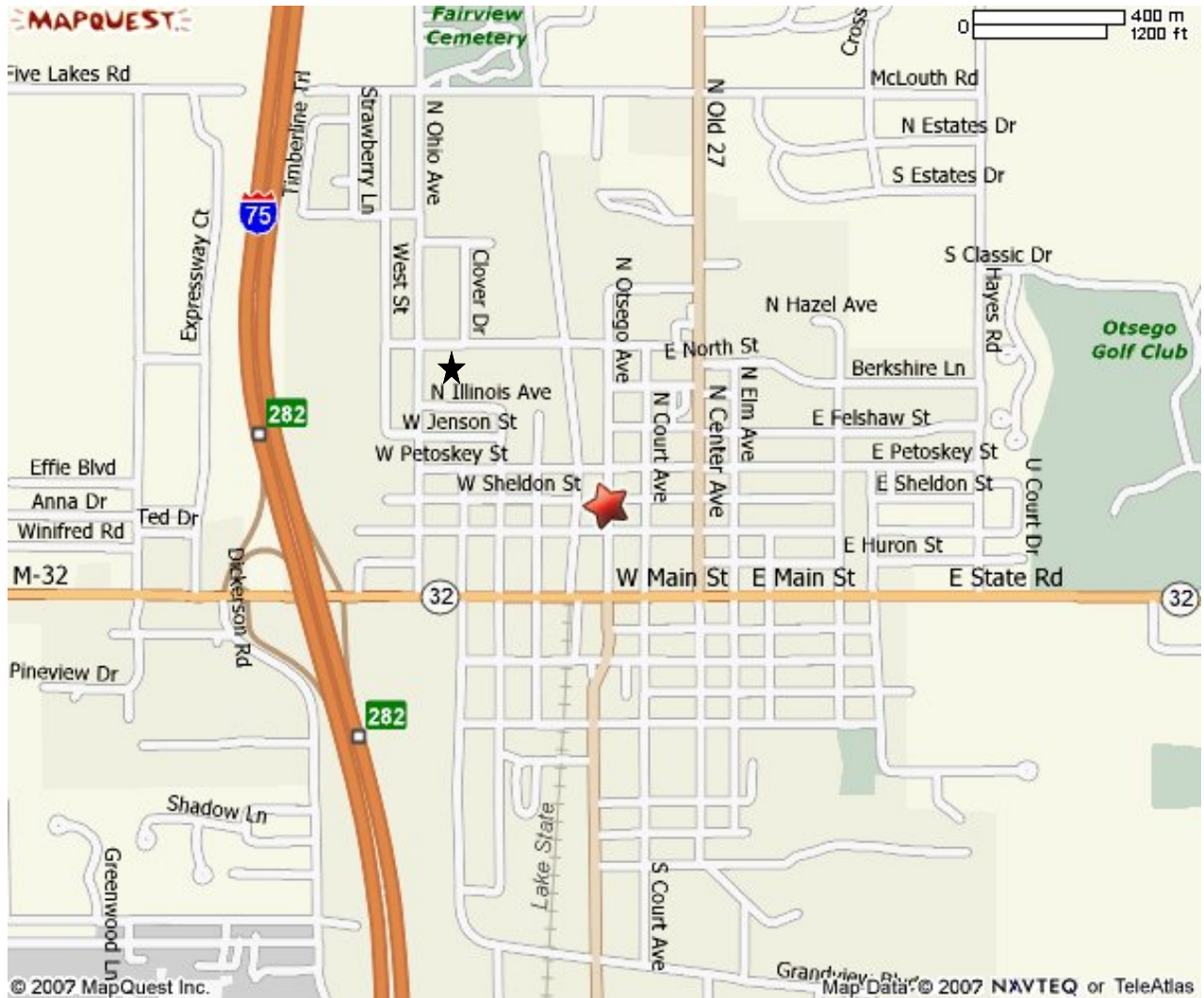
Diocese of Gaylord • 611 West North Street • Gaylord, MI 49735



SPECIAL NOTE TO PARENTS:

All activities will be chaperoned and supervised in accordance with diocesan guidelines.

**RETREAT LOCATION:
St. Mary Cathedral School
321 North Otsego Avenue
Gaylord, MI 49735
Retreat Contact Phone Number: 989.820.6591**



**★ ORDINATION LOCATION
St Mary Cathedral
606 N. Ohio
Gaylord, MI 49735**

**ST. ANDREW TASK FORCE RETREAT for JR. HIGH BOYS
REGISTRATION, PERMISSION AND MEDICAL RELEASE FORM**

I hereby consent that my son, _____, may participate in the St. Andrew Task Force Retreat on June 11-13, 2010 at St Mary Cathedral School in Gaylord, MI. I understand I am responsible for arranging transportation for him to and from the retreat site. I understand participants will be attending the Ordination Mass at St Mary Cathedral in accordance with Diocesan guidelines and policies. As parent or legal guardian, I understand that I remain fully responsible for the actions and conduct of my son.

I further give permission for any photos taken of my son during the retreat, along with his name, parish and city, to be used in future publicity (i.e. print, broadcast, website) efforts of the Diocese of Gaylord.

I hereby agree on behalf of myself and my son to release the Diocese of Gaylord and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "releasees") from any and all claims, including negligence, which may be asserted by me or my son, or on behalf of my son, arising from or relating to my son's participation in the retreat. In the event this release is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my son, or on behalf of my son, arising from or relating to my son's participation in the retreat. This release or indemnification does not apply to claims for intentional misconduct or gross negligence, nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this release or indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

As a parent/guardian of the student named below, I do hereby authorize the medical treatment by a qualified and licensed medical doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. I further authorize the person who presents the minor to sign the Acknowledgement of Receipt of Notice of Privacy Rights that may be presented by the physician or health care facility. This medical authorization is completed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

PLEASE COMPLETE THE FOLLOWING INFORMATION. PLEASE PRINT LEGIBLY:

Name: _____ Birthdate: _____ Age: _____

Address: _____ City: _____ Zip: _____

Phone: _____ E-mail: _____

Parent/Guardian Name: _____ Emergency Phone: _____

Family Physician: _____ Phone: _____

Physician's address: _____ City: _____ Zip: _____

Allergies: _____ Medications: _____

Please list any special dietary or other needs: _____

Health Insurance Company: _____ Policy #: _____

Group: _____ Contract: _____

Parent/Guardian Signature: _____ Date: _____

Please return this form and the registration fee of \$25 no later than June 4, 2010 to:

St. Andrew Task Force Retreat, Diocese of Gaylord, 611 West North Street, Gaylord, MI 49735

Checks should be made payable to the Diocese of Gaylord.