



Discovery

RETREAT

NOVEMBER 3 12:30 PM -4 8 PM @ CAMP QUARRY LODGE



Super fun overnight experience for ALL HIGH SCHOOLERS

Nov 3-4
1:30 pm
-12th 7:30 pm

@ Camp Quarrylodge

This Teen-Led weekend is action packed with hilarious games, powerful witness talks (by teens), thought-provoking small group discussions, new friends, and good times. Permission slips at www.stjudes.org/quest; Cost is \$77 (discounts available)

Sign up by Oct 30

- a weekend away
- Crazy outside activities
- Meet new friends
- Connect w/God
- Have a blast!
- Invite a friend

WHAT TO PACK

Snacks, sleeping bag, pillow, toiletries, warm pjs, gym shoes, play clothes to get dirty, clothes for 6:30 pm Mass, **WATER BOTTLE** w/your name on it, Bible

StJudes.org/QUEST

Matthew Krumdrick
MKrumdrick@stjudes.org
630-730-1368

DISCOVERY

Discovery
Retreat @ Camp
Quarrylodge
(Cost is \$77)

What to Bring: Snacks to share, sleeping bag, pillow, toiletries, warm pjs, gym shoes, play clothes to get dirty, clothes for 6:30 pm Mass, WATER BOTTLE w/your name on it, Bible, bug spray & a great attitude! Meet at St. Jude at 12:30 pm SHARP (parents are asked to help carpool to Camp). We'll be back for 6:30 pm LIFE Mass- families can join us! Sign up by Oct 30! Call Matthew w/ questions & to RSVP 630-730-1368.

GENERAL PERMISSION SECTION

I request that my child(ren) _____
be allowed to participate in

Discovery Retreat on Saturday, Nov 3 12:30
pm to Sunday, Nov 4 7:30 pm

I hereby release and indemnify my parish, St. Jude, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

Videotaping and Still Photographs

Video and still photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Diocese of Joliet website.

Code of Behavior

You are representing Youth Ministry in our diocese during this event and we expect you will represent us well. We expect that you will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our diocese.

Some Expectations:

- All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
- Socializing should always be done in public areas.
- The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
- Smoking is not permitted.
- Weapons and/or drug paraphernalia are not allowed.
- If under the age of 18, prescription drugs need to be given to an adult for storage and distribution.
- Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.

If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian win be responsible for my removal from the premises and any costs involved.

Teen Signature: _____

MEDICAL PERMISSION SECTION

I grant permission for the administration of First Aid to my child, _____, by the people in charge of the Discovery Retreat event, and those transporting my child to and from the event as their judgement deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Participant's Name: _____

Birth Date: _____

Allergic to medication/other? NO YES (circle one)

If yes, please describe: _____

Medication(s) presently taking: _____

Insurance Information

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____

Authorized Physician: _____

Phone #: _____

Contact Information

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

In case of Emergency, contact: _____

Phone #: _____

Parent/Guardian Signature: _____

Date: _____