



LIFE TEEN Winter Retreat 2018: **TIMELESS**

www.sjocym.com/winter-retreat-timeless

Dear Parents / Guardians,

I am happy to invite your son/daughter to our 2018 Life Teen Winter Retreat! This year **60 teens** from **five parishes** will be gathering together at the Cedar Glen YMCA in Schomberg, ON.

This year's theme is "TIMELESS." The goal of this retreat is to help teenagers not only understand the timeless reality of God, but also that God has been with them in their past, with them in their present, and wants to be part of their future. Teenagers are given opportunities to respond to Christ's invitation to walk with Him as a disciple and are challenged to commit to living every day of their future for Jesus. This retreat is a fun, engaging way to invite teenagers into the mystery of who God is, and will help them understand the great love God has for each of them yesterday, today, and forever.

The retreat runs from **Friday November 30th to Sunday December 2nd**. We will be leaving **St. John of the Cross Parish 4:00pm on Friday** and returning around **4:00pm on Sunday**.

The registration fee is \$200 per student. This includes all meals, accommodations, and transportation for the weekend. **ALL registration forms and fees are due by Friday, November 16th**, after which any remaining spots reserved for St. John of the Cross will be opened to the other four parishes. **Please note that there are a limited number of spots for this retreat, so registration will be done on a first come basis.**

No students will be turned away because of lack of funds. If you are experiencing financial difficulties and unable pay for the retreat, please contact me and we will make the proper arrangements.

Packing List:

- ☐ Bedding—pillow, sleeping bag / blanket (fitted sheet provided)
- ☐ Toiletries—towel, toothpaste, toothbrush, shampoo etc.
- ☐ Clothes for indoor/outdoor activities; indoor shoes or slippers
- ☐ Bible, Rosary and Pen

Thank you for your ongoing prayers and support of the LIFE TEEN program!

If you have any further questions or concerns, please do not hesitate to contact me.

Thank you and God Bless,

******* PLEASE RETURN THIS SIGNED FORM AND FEE TO PARISH OFFICE *******

Ante Skoko
Youth Minister
905-821-1331 ext. 226
www.sjocym.com
FB & IG: @sjocym



Participant Information:

Full Name: _____ Cell Phone: _____

Student's Grade: _____ School: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ T-Shirt Size: **S M L XL**

Parent/Guardian Full Name: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name (other than parent): _____

Home Phone: _____ Cell Phone: _____

Medical Information:

OHIP Number: _____

Allergies/Dietary Restrictions: _____

Is Student Capable of Participating in Strenuous Activity? ☐ Yes ☐ No

Any Other Important Medical Needs? _____

Is the Student Required to Take Regular Medication? ☐ Yes ☐ No

Please Provide Instructions (Dose) for Administration of Medicine:

I/we understand that reasonable precaution will be taken to safeguard the health and safety of the participant (s) and that the designated emergency contact person will be notified as soon as possible in case of emergency. In the event of any sickness or accident person(s) will not hold St. John of the Cross Parish, St. Catherine of Siena Parish, St. Joseph Parish, Church of the Croatian Martyrs, Transfiguration of Our Lord Parish, the Archdiocese of Toronto, any volunteer, chaperone, or driver responsible.

I/we authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist, or surgeon; licensed to practice in the Province of Ontario. The undersigned understand(s) and agrees that any medical, dental, or hospital expense incurred shall be at their own expense. The undersigned understand(s) every effort will be made to notify the emergency contact in the event that treatment is necessary.

I understand my son/daughter photograph and/or likeness and name may be used in a future promotion whether that be a parish publication, social media, website, or video publication.

Parent Signature: _____ Date: _____