

OVERNIGHT

OVERNIGHT

Jr. High Fest & Retreat

**Spaces Are
limited:
Sign-up
Quickly!**

**Extreme Team Sports
Live Music. Special Entertainment
Multimedia Presentation on Three Screens
Three Exciting Teen leader Breakout Sessions
Obstacle Course! Bungee Run! Snack-O-**

Ready to make a difference in your life?!

January 15th & 16th

The games, attractions, food, and fun are awesome. We'll meet at Wayside at 5:15PM Friday and be back on Sat by 6:00PMish. Meals and snacks included! This is a must event.

The \$40.00 fee and RSVP are required no later than Thurs, January 8th to the YM Office.

Open To All 7th & 8th Graders

We'll bus back and forth to St. Peter's in Geneva. Camp WOW campers strongly encouraged to attend.

All or Nothing!

All or Nothing!



RSVP FORM

Student's Name: _____ School: _____ Gr. _____

Address: _____ Phone: () _____

Parent(s) Name: _____ Email Contact _____

Please return this RSVP, the Medical Form, and payment to the Youth Ministry Office Mailbox in either the Middle School or Parish Center by Thurs, January 7th. Full packet can be downloaded at www.olwparish.org (Youth Min section).

S.T.A.F.F.

A Note To Parents:

Without a doubt, this Fest & Retreat is an unbelievable experience. Last year was amazing. It was a joy to see so many jr. high kids, mentored by high school teens, being led in all the fun activities and the powerful prayer experiences. I really would encourage as many 7th & 8th graders as possible to participate.

The Fest & Retreat will run from 7 pm Friday, Jan. 15th to Sat evening, Jan. 16th at 6:00 pm at St. Peter's Church in Geneva. There is a strong connection between this event and Camp WOW. It is both a great reunion for those who met at camp in previous years, as well as an informal introduction to the community for the first time camper. And of course, wonderful in general, so no camp association is needed.

It is our goal to fill a bus, hop on it, and not have to worry about transportation at all. Therefore, we will meet in the OLW parking lot at **5:15pm** on Friday and return on Sunday at 6:00pm. The cost, including bus, is only \$40.00.

Side Note: We will need to ask for some adult volunteer chaperones for this event. (Not the whole time but in shifts).

Please feel free to contact me in the Youth Ministry Office
if you have any questions, thoughts, or concerns:
847-253-5353, ext 241/youthmin@olwparish.org.

God's Peace,
Kevin O'Connell
OLW Director of Youth Ministry

Seeking The Answers, Finding Faith
847-253-5353, ext 242 or youthmin@olwparish.org

Overnight Retreat at St. Peter

Student Permission Form and Medical Release Information

This is required of all student participants and must be COMPLETE before turning in!

I hereby give permission for my child _____ to attend the Jr. High Retreat on Friday and Saturday January 15, 2010 and January 16, 2010 at St. Peter Church, Geneva, IL. I agree that my child will abide by our rules and those of the event sponsors. If my child does not abide by those rules, I agree to be responsible for my child's actions and agree to provide transportation home from this event should the need arise.

I hereby release and indemnify St. Peter Church, its staff and volunteers and the Catholic Bishop of Rockford from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

Signature of Parent/Guardian

Date

Address

City/State/Zip

MEDICAL PERMISSION FORM

I grant permission for the administration of first aid to my child _____ by the people in charge of the program and those transporting my child to and from the program as their judgment deems advisable and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that 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 case of medical emergency, I understand that every effort will be made to contact the parents/guardians of the participant. In the event that I cannot be reached I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery if deemed necessary for my child.

Signature of Parent/Guardian

Date

Phone numbers where you can be reached during the event

Authorized Physician

Physician's Phone Number

Child's Age _____ Birth date ___ / ___ / ___ Height _____ Weight _____

Please List any Medical Conditions or Allergies that we should be aware of:

INSURANCE INFORMATION

Insurance Company

Policy in Name of:

Policy Number

I would be available attend as a Chaperon _____

(name)

Shifts in which I am available:

_____ **Friday Night**

_____ **Overnight**

_____ **Saturday Morning**

_____ **Saturday Afternoon**