

Holy Thursday Good Friday Teen Overnight Retreat

Date: Thursday, April 1st—Friday April 2nd

Retreat begins at **6:30pm** in Youth Room
One of our first activities will be the **7:30pm Holy Thursday Mass**

Retreat ends at **3:00pm** on Friday

We will do a variety of activities, some outside,
so please dress appropriately for Mass and the weather

What to bring: Clothes to change into after Mass, pajamas, casual clothes for Friday, sleeping bag, pillow, and toiletries.

This event is always a very powerful experience and this year will be even better. All Peer Ministers are required to attend as well as being open to anyone of high school age!

Permission forms can be turned in the night of the retreat.
Download forms off website at www.olwparish.org

**For more info. or with question, please call Kevin in the YM Office
at 847-253-5353 or 708-212-0043 (during retreat).**

**OUR LADY OF THE WAYSIDE - YOUTH PERMISSION AND
PARENTAL/GUARDIAN AUTHORIZATION.**

Holy Thursday/Good Friday Overnight Retreat

I hereby give permission for my youth (Fill in youth's name) _____ to participate
in the OLW Overnight Retreat at Our Lady of the Wayside—Arlington Heights, Illinois on
Thursday/Friday April 1st-2nd, 2010.

The retreat will be **starting at 6:30pm in the OLW Parish Center** and **ending at 3:00pm**
(Teens should come well-dressed for the Holy Thursday Mass)

I hereby release and indemnify Our Lady of the Wayside Parish, its staff, volunteers, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program. I understand that if my child violates any laws regarding possession of alcohol or drugs, or rules governing the event, I will be called to pick my child up from the premises. I, as a participant, understand that this is a group event, sponsored by OLW, and that appropriate, good Christian behavior is required of me.

In the event that the undersigned cannot be reached, and in the judgment of the responsible adult accompanying the group to Our Lady of the Wayside-Arlington Heights, Illinois, or other appropriate staff member, during the days of the retreat, there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

INSURANCE INFORMATION

Participant Signature		Date	
Participant Email			
Parent(s)/Guardian(s) Signature(s)		Date	
Phone Number(s)			
Address / City / State / Zip			

EMERGENCY CONTACT (In event above parent(s)/guardian(s) cannot be reached.)

Name of Emergency Contact	
Phone Number(s)	
Relationship Parent(s) / Guardian(s)	

Policy in the Name of	
Insurance Company	
Policy number	
Identification and/or SS#	

Allergies	
Current Medications	
Other Comments	

Return Completed *Form* to the Parish Center at or before the Retreat.