FIT FOR A KING
(OR QUEEN)

“BUT STRIVE FIRST FOR THE KINGDOM OF GOD AND HIS RIGHTEOUSNESS”
MATTHEW 6: 33(A)

Date: Friday, March 15\textsuperscript{th} – Saturday, March 16\textsuperscript{th}, 2013
Time: Friday, 6:00 p.m. – Saturday, 8:00 p.m.
Cost: $20.00
Place: St. John the Evangelist School
679 Main St.
Essexville, MI  48732 (Peanut Free Facility)

What does it mean to “Own Your Faith”??
How do YOU get there?

MIDDLE SCHOOL
YOUTH!!

COME ALL KNIGHTS AND LADIES!!
For parents:

What will take place during this retreat? Youth will be taken back to historical periods of when kings and queens reigned. This retreat will compare and contrast the Kingdom of God and historical kingdoms, to help them recognize that a “knight” and a “lady” are not only figures in history. The retreat will place an emphasis on the Sacraments and active participation in the life of the Church. The key to this retreat is to help the youth understand that as Christians we are held to a higher standard. We do not simply become adults one day filled with virtue. Rather, it is a life-long process that begins when we are children. This retreat will call the youth to begin developing a virtuous life. This is why the retreat focuses on young men emulating knights and young women emulating “ladies of the court”.

We will play games, have talks, hands on activities, and group discussions. We will break into groups by grades or gender when needed. We will also have time for reflection and reconciliation. This is a very active and engaging retreat. Youth will also be challenged to take a deeper look at their life, and ask the question, is God really part of their life. Do they know God or just know of Him. They will also be receiving a book to take home that they may use to help live what they learn.

The retreat will conclude with FEED THE FIRE – a contemporary Mass & program from 5-8pm with Bishop Cistone. Families are invited to join us for this awesome event! Dinner is served during this event – the cost is $6/person – the retreat participant’s dinner is included in the retreat fee.

What to bring: Youth will be sleeping on the floor – no showers are available. Bring sleeping bag/pillow, air mattress is optional, change of clothing – comfortable and clothes that are appropriate for Mass, personal hygiene products and a bag chair (if you don’t have one, there will be some available at retreat).

If they bring cell phones, we are not liable for them.

CAR POOL will leave from Blessed Sacrament Church at 5:00pm March 15, returning at 9pm on March 16.
Middle School Retreat Registration Form

March 15 – 16, 2013; St. John the Evangelist School, Essexville

SECTION A – Registration Information and Statement of Consent

Name: __________________________________________ Date of Birth: _________________

Street Address: __________________________________ Parish: __________________________

City/State/ZIP: __________________________________ Grade: _________________________

Phone number: __________________________________

I hereby consent to participation by my child ______________________________, in the event described above. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee/volunteer on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this field trip, I agree to indemnify and hold harmless and defend the Catholic Diocese of Saginaw, St. John the Evangelist School/Parish, any and all affiliated organizations, their employees, agents, and representatives, including volunteer and other drivers, from any and all claims, including negligence, arising from or relating to my child’s participation in this retreat. This indemnification and hold harmless and defense agreement does not apply to claims for intentional misconduct.

(Print parent’s name)

(Parent’s signature) (Date)

SECTION B – Media Release (must be completed for those under the age of 18)

I __________________________, hereby give permission for the personnel of the Catholic Diocese of Saginaw to photograph, videotape and/or voice-tape my child/children (or allow area news reports to do the same for the purposes of (please check the items you will allow):

☐ In-School/Parish Purposes use only

☐ Public information for promotion of Diocesan, School, or Parish programs (brochures, newspapers, radio, or television)

☐ Catholic Diocese of Saginaw website

☐ ______________________________Parish website

Student Name (s): ______________________________________________

Parent/Guardian Signature: ______________________________________ Date: ___________________
SECTION C – Medical Treatment Authorization

To Whom It May Concern:

I hereby authorize treatment for my child by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me/my family.

Reason for which release is intended: **Middle School Retreat, March 15 – 16, 2013**

Child’s Name __________________________________ Relationship to you: □ Son □ Daughter

Address: _______________________________ City: _______________________________

Emergency Phone(s): (          ) ____________________ (          ) ____________________

Family Physician: _______________________________ Phone: _______________________________

Physician Address: _______________________________ City: _______________________________

List allergies, medication, contacts, or other pertinent comments:

____________________________________________________________________________

____________________________________________________________________________

Health Insurance Data:

Company: _______________________________ Policy: _______________________________

Group: _______________________________ Contract: _______________________________

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: __________________ Signed: __________________________________________

(Parent/Guardian)

___YES! I CAN DRIVE! I have ___number of seat belts including myself. ___Both ways ___ There only ___Back only

___ YES! I will also Chaperone for the entire Retreat and drive in the car pool home.