



In our "walk" with Jesus, Do  
we...

Talk with him?

Ask him to Stay longer in our  
lives?

Dine with him?

In reality, we are all on the  
"Emmaus Road":

We each live with a **flicker  
of hope** that God is up to  
something **miraculous**  
and that we might get to  
see it unfold.

Come...walk the road  
... allow God to speak to you  
on how best to stay on track.

Holy Family  
High School Retreat  
April 28-30, 2017

Camp Maria  
Leonardtown, Maryland

This will be a joint retreat for our *High School youth and our Confirmation Candidates*

Before you throw away this flyer...stop and think about the last retreat you were on... exactly! It's been awhile hasn't it? Maybe you've never been on a weekend retreat.

While the High School teens will be traveling with the Confirmation Candidates, many of their activities will be separate. Of course we will come together for adoration, reconciliation and Mass (it will even count for your Sunday obligation). You will be gathering with other young people like yourself, sharing your faith and building community.

**Retreats allow us to step out of the ordinary and experience the extraordinary.**

The cost of the retreat is \$85 (really cheap for an entire weekend) and covers all food and activities. You will even get a T-shirt to remember the event.

**PARENTAL/GUARDAIN CONSENT FORM AND LIABILITY WAIVER**

**FIELD TRIP**

Participant's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_  
(Parent or Guardian's name) (Child's Name)

To participate in this parish even that requires transportation to a location away from the parish site. This activity will take place under the guidance of parish employees and/or volunteers from Holy Family Catholic Church. A brief description of the activity follows:

Type of event: \_\_\_\_\_ **High School Retreat at Camp Maria – Leonardtown, Maryland** \_\_\_\_\_

Destination of event: **Our Lady of Mattaponi Youth Retreat Center, Upper Marlboro, Maryland** \_\_\_\_\_

Individual(s) in charge of event: **Pam Rozanski, Peter Rozanski, Monette Roxas-Tharp, Tony Yorkman, Millet Panga, Liz**

**Bryan**

Estimated time of departure & return : **April 28-2017, meet by 6:00 PM to travel by bus to Camp Maria. Return to Holy**

**Family by**

**4:00 PM, Sunday, April 30<sup>th</sup>, 2017**

Mode of transportation to and from event: **Elizabeth Seton High School's busses.**

As parent and or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (participant) I agree on behalf of myself, my child named herein, or our heirs, successors and assigns to hold harmless and defend Holy Family Catholic Church, its officers, directors, employees and agents and the Archdiocese of Washington, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors an agents, and the Archdiocese of Washington, its employees and agents and chaperons or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

***(Of the following statements pertaining to medical matters, sign only those that are applicable.)***

**Medical Matters:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

**Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications including dosage are as follows: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Specific Medical Information:** The parish will take reasonable care to see that the following information will be held in confidence. Allergic reactions (medications, food, plants, insects, etc): \_\_\_\_\_

Immunizations: I certify that all immunizations are current and up to date:  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Information for  
High School Retreat  
April 28-30, 2017

Father Jenkins and Mrs. Rozanski,

My son/daughter \_\_\_\_\_  
First and Last Name

\_\_\_\_\_ Will be attending the retreat. (If selected see below)\*

\_\_\_\_\_ Will not be attending the retreat. (If selected return this form only)

Choose one:

\_\_\_\_\_ I am enclosing \$85 in payment towards the retreat, along with the permission slip.

\_\_\_\_\_ I am enclosing a partial payment of \$ \_\_\_\_\_, along with the permission slip \_\_\_\_\_

Additional payments of \$ \_\_\_\_\_ will be made \_\_\_\_\_  
(dates)

All monies are due by April 23<sup>rd</sup> and are not refundable.

There will be a retreat T-shirt, what adult size do you want me to order? \_\_\_\_\_