

Child's Name \_\_\_\_\_

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 **St. Peter Catholic Church**, its officers, directors, employees and agents, and the **Arch/Diocese of Spokane**, 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 and agents, and the **Arch/Diocese of Spokane**, 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: \_\_\_\_\_

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

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

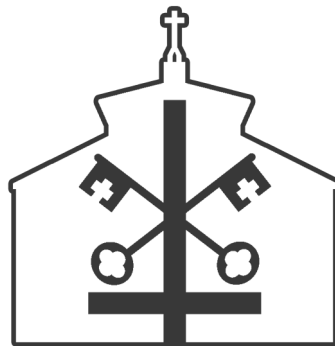
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Questions, Comments,  
or Concerns;  
Please contact Your  
Youth Minister!

Sr Christiana Marie, SMMC  
Director of Youth Ministry  
St Peter Catholic Church  
509-534-2227 xt 226  
cmarie@dioceseofspokane.org



**Sponsored By:**  
**St. Peter Catholic Church**  
**3520 E. 18th Avenue**  
**Spokane, WA 99223**  
  
**Contact Person:** Sr. Christiana Marie  
**Phone:** 509-534-2227  
**Email:** cmarie@dioceseofspokane.org



**3rd Annual**  
**High School Retreat**  
  
**November 17th-19th**  
**Clark Fork, Idaho**

**Cost: \$65**

**Early-bird Special \$50**  
*if fully registered by October 28th*

**Deadline**  
**November 10th, 2017**  
*(no registration accepted 11/10)*

*Cast your worries on Him,*  
*because He cares for you.*  
*1 Peter 5:7*

## Schedule\*

### Friday

7:00 PM Arrival, Check-in, Cabin Assignments  
 7:45 PM Housekeeping and games  
 8:30 PM Session 9:30 PM Heavy snacks/  
 Ice cream social  
 10:30 In rooms (11:00 Lights Out)

### Saturday

7:30 AM Morning Prayer  
 8:00 AM BREAKFAST  
 8:40 AM Games  
 9:10 AM Session  
 10:10 AM Sacrament of Reconciliation  
 11:00 AM Mass  
 12:00 PM LUNCH  
 12:45 PM Group Game  
 1:30 PM Free time, followed by snack  
 3:00 PM Session  
 5:00 PM Reconciliation  
 6:00 PM DINNER  
 6:45 PM Games  
 7:00 PM Session  
 8:00 PM Holy Hour  
     Reconciliation & conversation  
 9:00 PM Outdoor game  
 11:00 PM S'mores and campfire  
 11:30 PM In Rooms (12:00 Lights Out)

### Sunday

8:30 am Morning prayer  
 9:00 AM BREAKFAST/Pack  
 10:30 AM Session  
 11:30 AM Holy Mass  
 12:45 PM Group Picture  
 1:00 PM Clean up  
 1:30 PM Departure

*\* Strict adherence to the schedule may vary based on weather and activities.*

## What to bring

- ◆ Yourself
- ◆ A Positive attitude
- ◆ Warm clothes and jacket
- ◆ Toiletries for the weekend
- ◆ Hiking shoes/Tennis shoes
- ◆ Bible
- ◆ Rosary
- ◆ Journal
- ◆ Flashlight
- ◆ Snacks (enough to share)

*The retreat facility has sheets and towels.*

## Location:

Clark Fork, ID

293 Lower Mosquito Creek Rd  
Clark Fork, ID 83811

## Registration Form

Youth's Name \_\_\_\_\_

Parish \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name  
 \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cost: \$65.00 per person

Amount Included: \_\_\_\_\_

**Make checks to: St. Peter Catholic Church**

Submit registration to your youth minister or mail directly to:

St. Mary Catholic Church  
 Attention: Jeanette Benson  
 304 S Adams Road  
 Spokane Valley, Washington 99216

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