



Guys & Dolls

Often times presenting topics of abstinence and chastity, purity and modesty, are met with groans and/or laughter. Just as often, however, teens are unaware how many of the moral “mannerisms” they have are defined by modern culture and are, in fact, the exact opposite of Christ’s teachings.

This **retreat** is being formed at the request of our youth group, so they can better understand themselves and the opposite gender and learn to have healthy dating relationships. We welcome all high school teens who want to attend.

FRIDAY OCTOBER 15—SATURDAY OCTOBER 16

Gather at 6PM on Friday in the YUC.

End at the 5:00 Mass on Saturday.

COST = \$30 Registration deadline = October 5
A late fee of \$10 will be added as of October 6

What is human dignity? Knowing the answer can change your world!

Youth United for Life is our pro-life teen club and they explore the controversial issues of our time without any political agendas. Starting from Scripture they explore topics from abortion to the death penalty, from health care to euthanasia. They invite you to come on this retreat and learn the essentials of social justice. You will not leave uninspired!

Get A Life!

NOVEMBER

12–13

Gather at 6PM
on Friday in the
YUC.

End at the 5:00
Mass on
Saturday.



COST = \$30

Registration
deadline =
November 2

A late fee of
\$10 will be
added as of
November 3

If you want peace work for justice.
~ Pope John Paul II

St. Michael Parish

Youth United
317 W. Willow Avenue
Wheaton, IL 60187

Leslie Stopka
630-462-5047

PERMISSION FORM FOR YOUTH UNITED RETREATS FALL 2010

GENERAL PERMISSION FORM

I request that my child, _____, be allowed to participate in the following Youth United events:

- _____ GUYS AND DOLLS RETREAT October 15-16, 2010
- _____ GET A LIFE! RETREAT November 12-13, 2010

I hereby release and indemnify my parish, St. Michael of Wheaton, IL, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

Videotaping and Still Photographs

Video and still photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Diocese of Joliet website.

Code of Behavior

You are representing Youth Ministry in our diocese during this event and we expect you will represent us well. We expect that you will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our diocese.

Some Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.

If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Teen Signature: _____

Parent Signature: _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child, _____, by the people in charge of the 2010 Fall Youth United events, and those transporting my child to and from the event as their judgement deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand 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 the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalise, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Participant's Name: _____

Birth Date: _____

Parent's Home Phone: _____

Parent's Cell Phone: _____

Allergic to medication/other? NO YES (circle one)
If YES, please describe:

Medication(s) presently taking: _____

Insurance Information

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____

Authorized Physician: _____

Phone #: _____

If parent(s) can't be reached

In case of Emergency, contact: _____

Phone #'s: _____