

"Be on your guard, stand firm in the faith, be courageous, be strong. Your every act should be done with love."

1 Cor 16:13-14

# GOD STRONG

April 28-30, 2017

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Dear Teen,

The Holy Family Youth Renewal Team would like to invite ALL HIGH SCHOOL AGE STUDENTS IN THE 9<sup>TH</sup> - 12<sup>TH</sup> GRADE to join us for our renewal weekend, April 28<sup>th</sup> -30<sup>th</sup>. Renewal begins at 7:00 p.m. on Friday and continues until 4:00 p.m. on Sunday. All young men and women who are interested in deepening their faith and coming to know God more personally are invited to attend. Renewal is also an opportunity to get away from home for a weekend and have a lot fun with other teens (and some still kinda cool young adults)! 😊 Additionally, this retreat is put on BY TEENS, FOR TEENS and provides opportunities to share experiences, feelings and questions about your faith with other teens and young adults.

To come - please give the completed application to a team member or drop it off at the parish office marked "Youth Renewal." The retreat is FREE! However, to register you must submit a \$10 deposit. When you come on the weekend you will receive your \$10 back! If you do not attend the weekend, the deposit will not be refunded. *Due to limited space, we will only be able to accept the first 30 applicants, so we encourage you to turn in this application as soon as possible!*

Please bring a sleeping bag, pillow, comfortable clothes, and any toiletries you may need for the weekend. We have some cots, but some teens prefer to bring their own air mattress - please feel free to do so if you would like. Please do NOT bring iPods, cell phones or watches. Give them to the Lord for the weekend.

If you have any questions or would like further details please call the youth minister, Brandon Woods, at (440)391-3820. We look forward to seeing you there. God Bless!

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Home Phone \_\_\_\_\_

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

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

High School \_\_\_\_\_ Grade \_\_\_\_\_ T-shirt size \_\_\_\_\_

Parish \_\_\_\_\_ If not Catholic, please list denomination \_\_\_\_\_

How did you find out about Renewal? \_\_\_\_\_

Why do you want to make this retreat? \_\_\_\_\_

Do you have any prayer requests we can pray for before this weekend?

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(over)

# Holy Family Youth Renewal Application

Parental Permission Form (Please Print Legibly in the spaces provided)

Medications teen takes: \_\_\_\_\_

\_\_\_ My child may be given Tylenol if needed while at this event. (Please check if allowed.)

Allergies:

\_\_\_\_\_

Special Diet/Restrictions: \_\_\_\_\_

Doctor: \_\_\_\_\_ Dr. Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

I, \_\_\_\_\_, (parent's name) the parent/guardian of

\_\_\_\_\_ (youth's name or youth if 18) grant permission for my child to attend Holy Family Youth Renewal 2017, which begins on Friday, April 28<sup>th</sup> at 7:00pm and continues until Sunday, April 30<sup>th</sup> at 4:00pm. (Please drop off and pick up your teen at the cafeteria doors of the Costello Community Center.) In consideration of my child being allowed to participate in this activity, on behalf of my child, my spouse, and myself, I hereby assume all risks in connection with this activity and I further released the Catholic Dioceses of Cleveland, Holy Family Parish, employees, and volunteers from all claim, judgments, and liability or damage due to my child's participation in this activity. I hereby give consent to photograph or videotape aforesaid participant and without limitation to use such photographs or videotapes and/or stories in connection with any work of Vision/Holy Family Youth Group without consideration of any kind.

I understand that any questions that I may have will be answered by contacting *the youth minister, Brandon Woods at (440)391-3820. For emergencies during the weekend I can call Holy Family Parish at (440)842-5533 or Brandon Woods.* I have read the Renewal application and my child has listed any/all medications being taken, allergies, and special dietary needs.

**Medical Treatment Consent:** In case of an emergency and in the event reasonable attempts to contact me have been unsuccessful, I give my permission to provide any medical treatment, care, or attention that is required. This authorization does not cover major surgery unless medical opinions of two (2) licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

**In case of an emergency please call:**

#1 Name & Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

#2 Name & Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature (or Participant's signature if 18 years or older)

\_\_\_\_\_  
Date