

# EDGE RETREAT 2018

MARCH 9-10, 2018

THROUGH

THE

STORM

A MIDDLE SCHOOL YOUTH RETREAT

## DETAILS/ DETALLES

### Who/ Quienes:

Middle School Students

### Where/Donde:

Cedar Grove Retreat  
Kannapolis, NC

### Cost/ Costo:

\$75.00

### Drop Off/ Dejarlos:

Friday, March 9 at 6:30pm  
(SJM Parking Lot)

### Pick Up/ Recojerlos:

Saturday, March 10 at 6:00pm  
(After Mass)

### Transportation/

### Transportacion:

MACS Buses

## HOW TO REGISTER/ COMO REGISTRARSE

Fill out the attached form and turn in no later than **Sunday, Feb. 18**, along with a \$25 deposit. Turn in remaining \$50 before Retreat Date.

*Llene el formulario junto a esta pagina y retornarlo no mas antes que el **Domingo, Feb. 18** junto con un deposito de \$25. Entregar los \$50 no mas antes que la Fecha del Retiro.*

Keep letter for reference.  
*Mantenga esta pagina para su referencia.*

### QUESTIONS? PREGUNTAS?

MEG@4SJNC.ORG

JIADIRA@4SJNC.ORG

### CONTACT DURING EVENT:

Meg VanGoethem (815) 545-2587

Jiadira Choque (704) 495-4808

## WHAT TO BRING? QUE TRAER?

Sleeping Bag, Pillow, Toiletries, Warm Clothing, Closed-Toed Shoes, water bottles, Snack to Share.

*Una bolsa de dormir, una almohada, ropa abrigadora, zapatos cerrados, botella de agua, un bocadillo.*

**Could Have...** Ipod (bedtime/ busses), snack, game for free time

**Pueden Traer...** Ipod (para dormir/ en los buses), bocadillo, juego pequeño para tiempo libre.

### REMEMBER.

No bad attitudes, drugs, alcohol, weapons, or escape plans.

### RECUERDEN.

No malas actitudes, drogas, alcohol, armas, o planes de escape.

# EDGE RETREAT 2018

## Personal Information

Participant Name:

Street Address:

City, State, ZIP :

Age:

Gender:

T-Shirt Size:

School:

Grade:

Parent Name:

Parent Home/Cell :

Parent Email:

Primary Physician:

Insurance Company:

Policy #:

Health Issues?

Medications?

## RELEASE

I hereby consent to participation by my child in the event titled above. I understand that a portion of this event will take place away from parish grounds and that my child will be under supervision of the designated supervisor (s) and adult chaperones. I further agree that I have received information about this event and consent to the conditions of participation in this event, including the method of transportation (cars). I give my permission for my child, in case of an emergency, to be taken to a physician or hospital by either the supervisor in charge or by an adult chaperone. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected to hospitalize and secure proper treatment (including surgery) for my son/daughter/guardianship.

I give permission for the Diocese of Charlotte and/or St. John Neumann Catholic Church to make use of pictures of my child for parish or diocesan publications and websites. I hereby release the Diocese of Charlotte, St. John Neumann Catholic Church and all of its affiliated entities, including its employees and volunteers from all liability for any damages suffered as a result of or relating to this trip and the use of any photograph, slide, or video.

<b>Parent/ Guardian Name (Printed):</b>		<b>Date:</b>
<b>Parent/ Guardian Signature:</b>		

## FOR OFFICE USE ONLY

<b>TOTAL:</b> <u>\$75</u>	<b>Payment 1</b> ___/___/___	<b>Payment 2</b> ___/___/___	<b>Payment 3</b> ___/___/___	<b>Payment 4</b> ___/___/___
	Type: _____	Type: _____	Type: _____	Type: _____
	Amt: _____ Bal: _____	Amt: _____ Bal: _____	Amt: _____ Bal: _____	Amt: _____
	Received By: _____	Received By: _____	Received By: _____	Received By: _____