



J-HIGH RETREAT

Grades 6-8

Sat, Jan. 12th

12-6PM Cost: \$10

St. Matthew's Church 2700 SE Virginia, Topeka

Enter Parish Center from South parking lot off 28th St. Lunch & Mass are part of the day!

Each one of us seeks true happiness in our lives – so why is it we can struggle to find it? St. Augustine taught that our hearts are restless until they rest in God! **YOU** are invited to join an amazing team of young Catholics who have dedicated a year of their lives to serving with the National Evangelization Team (NET) Ministries and inviting young Catholics to love Christ and embrace their Catholic faith through fun, faith-filled retreat experiences.

"I can still point to the exact spot on the Sanctuary steps where I was sitting when Christ's love for me became real during a NET retreat I attended in 8th grade. That moment changed my life forever and inspired my involvement in youth ministry from that day forward."
~ Nancy Ruoff, Mother Teresa Coordinator of Youth Ministry

Scholarships Available Reg. Deadline: January 7th

Retreat is open to ALL youth in the Topeka Region – please register by the deadline!

Permission Slip/Medical Release Topeka Region NET Retreat Reg. Deadline: Jan. 7th

Name(s) of Participants: _____

I hereby grant permission for my son(s)/daughter(s) above to attend the NET Retreat noted above. I understand that this event includes transportation if necessary, and various retreat activities. In consideration for planning this event, I hereby agree to release and hold harmless the Archdiocese of Kansas City, KS, my parish _____, the parishes of the Topeka Region and any and all employees and volunteers from any and all liability for any and all injury that may be sustained by my child during his/her participation in this event. In addition, I hereby grant permission for emergency medical treatment to be administered to my child in the event of an injury that in the opinion of the treating physician may result in further injury, pain, undue suffering, disfigurement, or death if left untreated. I also agree to pay any medical expenses related to any such injury. (Please check one):

_____ I grant my permission for OTC medications (Tums, Tylenol, etc.) to be administered to my child if needed.

_____ No OTC medication should be administered to my child without my verbal permission.

Parent/Guardian Signature

Phone

Date

Primary Care Physician

Physician Phone

Insurance #

Allergies: _____

**To register, return with \$10 by Jan. 7th to your Youth Minister or
Mail to Mother Teresa Church Attn: Nancy Ruoff 2014 NW 46th St Topeka, KS 66618**