

***“Let the little children come to me. Do not stop them;
for it is such as these that the kingdom of God belongs.”***

LUKE 18

Dear Parents,

Your child has been offered an opportunity to strengthen their faith and make new friends as they prepare for high school! We are having our 5th annual Luke 18 retreat for just 7th graders.

What is Luke 18?

It is a weekend long retreat inviting 7th graders into the Church – to help them see they are not only the future of our Church, but they are also the Church right now. The program welcomes 7th Graders (also referred to as “Lukers”) into the church by helping them experience God and His Love. Through high-energy games, skits, songs, personal sharing, and a series of talks given by High School students, the “Lukers” are encouraged to have fun. The weekend offers the opportunity to experience God’s Love on a more personal level, and the “Lukers” are challenged to share that love with those around them.

What Makes Luke 18 Unique?

Luke 18 is special because it is youth ministering to youth. High School students (also referred to as “Disciples”) give talks about things that are important to your child right now and help them find ways to welcome God into their every day lives. The retreat is organized and coordinated by Greg Barker & Carrie Bajzath, but the success of the retreat comes from all the help of the High School Teens, , the adult volunteers, and 7th Graders coming with an open mind and heart.

Nuts and Bolts of the Weekend

The weekend is **September 30- October 2, 2011**. The 7th Graders and Teens stay at the retreat all weekend and spend the night in all-male and all-female “sleep houses” at parishioner’s homes (anyone interested in helping in this area, please give me a call for more information). They will eat all meals at St. Joseph Church where the retreat is being held. The cost of the retreat is \$50.00 to cover the cost of meals, supplies, T-Shirts, etc. If for some reason the fee is a problem, please call me. The retreat starts on Friday evening and concludes at 5:00 PM Mass on Sunday.

“This sounds O.K., but I Need To Know More”

Please contact me if you have any questions, concerns, ideas, etc. Please call Greg Barker at St. Joseph Church in the Parish Office. The number is 636-227-5247 ext. 5611. We hope you encourage your child to take advantage of this exciting opportunity.

Where Do I Sign Up?

Space on the retreat is limited, so if your child is interested in going, please fill out and return the attached registration form as soon as possible.

Thanks and God Bless,

Greg Barker & Carrie Bajzath
Youth Ministers/ St. Joseph Church

LUKE 18 Retreat

September 30- October 2, 2011 / Registration Form

Name: _____ Parent Email: _____

Address: _____ City: _____ MO Zip: _____

Home#: _____ - _____ - _____ Cell#: _____ - _____ - _____ Teen
email _____

Adult T-Shirt size (please circle one): Small Medium Large XL

School: _____

Parents' Names: _____

Emergency Contact: _____ Relationship: _____ Phone: _____ - _____ - _____

Do you have any special diet requirements, medical history, medication or major allergies? If so, please specify:

_____.

I hereby authorize my son/daughter to attend the Luke 18 at St. Joseph Church. I also agree and understand that my child will be staying overnight in a volunteer's host home.

Print Parent Name: _____

Parent Signature: _____ Date: _____

Please check if you can help in any of these areas:

____ I will be able to help with a meal (make, serve, provide, etc.)

____ I will be able to offer my home as a sleep house for the weekend.
(MUST BE IN COMPLIANCE WITH SAFE ENVIRONMENT PROGRAM)***

____ I will be able to drive the participants to their sleep houses one evening and/or morning.

The cost for the retreat weekend is \$50.00 per child. No one will be denied the opportunity for the retreat due to financial reasons. Contact your youth minister for details.

SPACE IS LIMITED – APPLICATIONS ACCEPTED ON A FIRST COME, FIRST SERVED BASIS.

Make checks payable to St. Joseph Church. Turn in registration to your youth minister, Greg Barker, by September 17, 2011.

PARENTAL/GUARDIAN PERMISSION AND LIABILITY WAIVER

Name of Student _____

Birth Date _____ Age _____ Sex _____

Parent/Guardian's Name _____

Address _____ City and Zip _____

Telephone numbers: Home (____) _____ Work (____) _____ Emergency (____) _____

I/we (name of parent/guardian) _____, grant permission for my child (name of youth) _____, to participate in the **LUKE 18, September 30- October 2, 2011**. I understand that this activity will take place under the guidance and direction of St Joseph's Youth Ministry.

I agree on behalf of myself, my child's other parent or guardian, my child named herein, our heirs, successors, and assigns, to release, waive, indemnify and hold harmless and defend the parish, its employees and volunteers or other agents and the Archdiocese of St. Louis, and the officers, agents, representatives, volunteers and employees of the Archdiocese with respect to any and all actions, claims or demands that may be made or brought against the Archdiocesan Youth Office, its directors, employees and volunteers and the Archdiocese of St Louis.

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.

Lost or Stolen Items: The Parish of St Joseph and the Archdiocese of St. Louis will not be held liable for any valuables lost or stolen at the event described above.

I understand and agree that this release is required as contractual consideration to the Archdiocese of St. Louis for allowing my daughter/son to participate in this parish event, and that my agreeing to this release of liability is a required prerequisite for the Archdiocese and Parish to allow my/our daughter/son to participate in the above described Parish event.

Parent/Guardian Signature

Date

FOR YOUTH OLDER THAN THE AGE OF FOURTEEN

In consideration for being allowed to participate in the above described Parish event, I hereby personally assume all risks in connection with said event, and all activities related to or associated with event, including travel, housing, meals and collateral entertainment for any harm, injury, loss or damage to any of my personal property, or damage that may befall me while I am participating the this Parish event, including all risks connected with the event, whether foreseen or unforeseen and whether obvious, hidden, understood or not understood by me.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THE ABOVE PARAGRAPH, AND THAT I FULLY UNDERSTAND THE MEANING AND PURPOSE OF THIS FORM AND MY SIGNING IT.

Youth Signature

Date

MEDICAL CONSENT FORM

To the best of my knowledge, my child _____ is in good health and has my/our permission to attend the **LUKE 18, September 30- October 2, 2011.**

In the event of circumstances which indicate that my child is in need of medical care, I/we authorize parish officials to consent to any necessary x-ray examination, medical or surgical diagnosis or treatment, and other evaluation, diagnosis, treatment, medication or hospital care in accordance with standard medical practice by licensed medical personnel. I/we release and agree to hold the school harmless from any claims due to illness suffered by my child in the course of receiving such medical responsibility and consequences that may arise as the result of this treatment.

Parent/Guardian Signature **Date**

(Please print)

Parent/Guardian's Name _____

Home Address _____ City & ZIP _____

Home Telephone _____ Work Telephone _____

If you are unable to reach me, please contact:

Name _____

Home Telephone _____ Work Telephone _____

Medical Information (Please print)

My/Our child's physician is: _____ Phone Number _____

My Child is allergic to _____

My child must take the following medication (indicate dosage and frequency)

Other Medical information _____

Date of Last Tetanus Booster _____ Birthdate _____

Parent's employer _____

Parent SSN _____ Youth SSN _____

Insurance Carrier # _____ Policy # _____

*I (circle one) **do or do not** grant permission to employees and agents of the school to give my child non-prescription drugs in the events circumstances reasonably demonstrate that my child is in need of such drugs.*

Parent/Guardian Signature _____ **Date** _____