



# NET RETREATS 2021

For ALL students in both Year 1 and Year 2 Confirmation prep.

## Strength in Numbers

(Authentic Friendship, Greatness)

True friends walk together through their weakness.

Betrayal, gossip, and scandal: these traits often characterize friendships portrayed in the entertainment industry. What if our friendships were instead marked by support no matter the circumstances? This theme explores the role of authentic friendships and their ability to empower us to greatness.

Authentic is defined as: "not false or copied; genuine; real.", "representing one's true nature or beliefs; true to oneself or to the person identified." Dictionary.com

Attendance is required and expected for the entire retreat. Parish Hall, from 4:15pm – 9:00pm, snacks and dinner included. Please **circle** preferred date (space is limited):

\_\_\_ **Thurs, Oct 7**                      **OR**                      \_\_\_ **Fri, Oct 8**

Our retreat goals are:

- Help young people understand God's love for them.
- Offer faith of the team members as a witness to the youth that faith in God is a desirable, acceptable, and exciting part of their lives.
- Encourage young people to grow in their commitment to Jesus Christ and His Church.

FEE: \$45 (assistance is avail. as needed)      **RETURN bottom FORM and FEE TO SOR BY Sept 28**

I, \_\_\_\_\_ (Parent/guardian), request that you allow my son/daughter, \_\_\_\_\_ to participate in ONE of the St. Peter's Confirmation NET

Retreats on: **Circle one:**                      \_\_\_ **Thus, Oct 7**                      **OR**                      \_\_\_ **Fri, Oct 8**

*In the event of an accident or injury, and I cannot be reached, I hereby grant permission for my child to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve St. Peter's Parish, and the Archdiocese of Washington of all responsibility and consequences that may arise as the result of this treatment.*

*I will not hold St. Peter's Parish nor the Archdiocese of Washington, chaperones, or representatives associated with the outing liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.*

Parent/Guardian **Signature:** \_\_\_\_\_ **date:** \_\_\_\_\_

### **Medical Information (Please print all information)**

1. My child is allergic to (medication/food/other - please be specific): \_\_\_\_\_
2. My child must take the following medication : \_\_\_\_\_
3. You should be aware of these conditions or needs of my child: (dietary, asthma, walking assistance, bee sting allergies, other concerns): \_\_\_\_\_
4. Please provide all necessary information about insurance:
  - Insurance carrier: \_\_\_\_\_
  - Policy Number: \_\_\_\_\_
5. In case of an emergency, please notify (include name and phone number): \_\_\_\_\_