

ST. HILARY HIGH SCHOOL YOUTH SPRING RETREAT 2010

Friday, March 5 – Sunday, March 7, 2010

WHERE: CUYAHOGA VALLEY ENVIRONMENTAL
EDUCATIONAL CENTER (CVEEC) – “WHITE PINES CAMPUS”
3675 OAK HILL ROAD
PENINSULA, OH 44264 (PHONE: 330-657-2796)

TIME: ***NO BUSES FOR THIS RETREAT*** ***DIRECTIONS ON BACK***
ARRIVE AT CVEEC BY 7:00PM ON FRIDAY, MARCH 5.
PICK UP AT 4:30PM AND RETURN TO ST. HILARY
IN TIME FOR THE 5:30PM MASS ALIVE ON SUN., MARCH 7.

COST: \$70.00
A fee of \$70, a completed retreat application *and* Medical Release Form (attached to this flyer), reserves your spot for the retreat.

Applications and fees are due to the Youth Ministry Office
by February 28, 2010 (to reserve your spot!).

Scholarships available – Contact Jason @ 867-1055 X224 or
email @ jsolomon@sthilarychurch.org



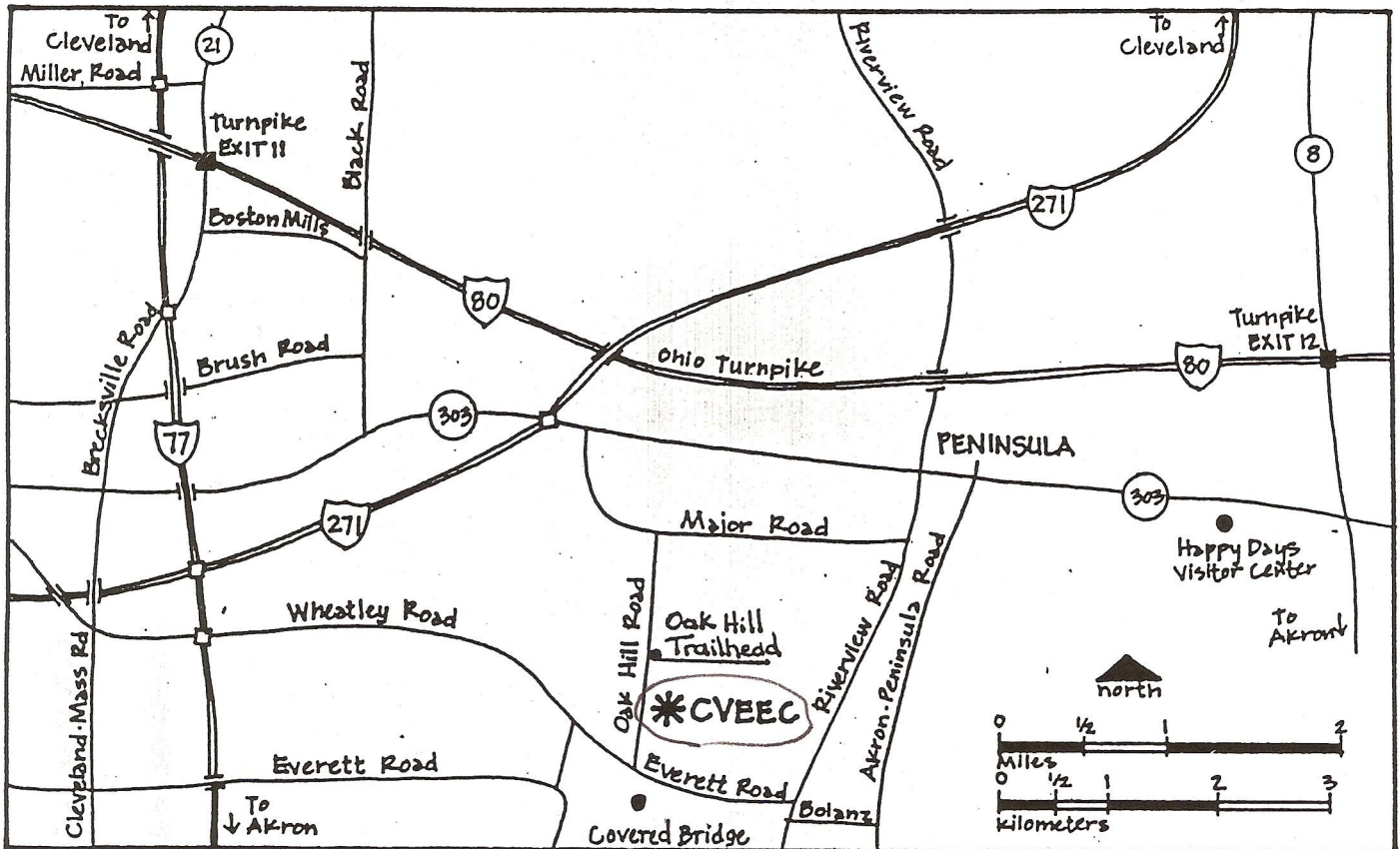
WHAT TO BRING:

***Snack & soda to share**
Old warm, comfortable clothes
Play clothes for outside activities
(according to the weather)
Sleeping bag and pillow
Toiletries/ towel

WHAT NOT TO BRING:

Hand held video games
Closed mind/closed heart
Drugs
Alcohol
Tobacco

Map & Directions to CVEEC



Caution: There is a five-ton weight limit on the southern hill of Oak Hill Rd. Busses and any other vehicles weighing over 5 tons must approach Oak Hill Rd. and CVEEC from Major Rd.

From I-77: Take exit #143 (St. Rt. 176-Richfield). Turn left onto 176 (Wheatly Rd.) and follow for several miles. Turn left onto Oak Hill Rd. Oak Hill Trailhead entrance is on right.

- To avoid the hill in severe weather, take 176 (Wheatly Rd.) until it ends. Turn left on Major Rd. Turn left on Oak Hill Rd.

From Akron: Take Riverview Rd. north. Turn left at Everett Rd., right at Oak Hill Rd. Oak Hill Trailhead entrance is on right.

- To avoid hill in severe weather, take Riverview Rd. to Major Rd. Turn left at Oak Hill Rd.

From I-271: Take exit #12 (St. Rt. 303). Turn right onto 303 (east) then make a quick right turn at Major Rd. Turn right at Oak Hill Rd. and follow for 1.5 miles.

ST. HILARY SPRING RETREAT

MAR. 5-7, 2010

CVEEC - PENINSULA, OH

APPLICATION

PLEASE FILL OUT AND RETURN THIS COMPLETED FORM (BOTH SIDES)
WITH YOUR \$70 PAYABLE TO ST. HILARY

NAME _____ T-SHIRT SIZE _____

I request to participate in the St. Hilary youth spring retreat. I understand that by requesting to go, I am promising to cooperate with the retreat team, the youth ministry staff, and the Holy Spirit. I understand that the intention of the retreat is to help form community and to bring me closer to God. I promise to follow instructions and be open. I also realize that I may not bring or use illegal drugs or alcohol, and that to break the retreat rules or to act unsafely or irresponsibly will result in my dismissal from the camp/center into my parent's care.

Teen signature _____

I request that my son/daughter accompany the youth ministry staff and teens to the St. Hilary youth spring retreat. I understand my teen will be engaging in *hiking, outdoor sports, and other outdoor activities*. I support the right of the group's leaders to have me come and pick up my teen at any time if given just cause.

Parent signature _____



AMT. PAID _____ CHECK # _____ CHECK DATE _____ APPLICATION # _____

HEALTH INFORMATION & RELEASE FORM

**PLEASE PRINT, ALL AREAS OF THE FORM MUST BE COMPLETED
(IF NOT ON FILE)**

PARTICIPANT _____

GRADE IN SCHOOL _____

PARENT/GUARDIAN NAME _____

ADDRESS (STREET/CITY/STATE/ZIP) _____

HOME PHONE _____ WORK PHONE _____

EMERGENCY CONTACT _____ PHONE _____

FAMILY PHYSICIAN _____ PHONE _____

FAMILY DENTIST _____ PHONE _____

MEDICAL INSURANCE _____ POLICY # _____

DATE OF BIRTH ____ / ____ / ____ COUNTY/STATE OF BIRTH _____

ANY ALLERGIES, CONDITIONS, DIETARY RESTRICTIONS, SPECIAL NEEDS, MEDICAL CONCERNS OF WHICH WE SHOULD BE AWARE: _____

To the best of my knowledge, all the above information is correct and true. In case of a medical emergency, in the event I can't be contacted, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery from my child. My request releases St. Hilary Parish of Fairlawn, Ohio, and the Catholic Diocese of Cleveland in case of injury. St. Hilary's youth ministry staff and chaperones will not be held responsible or liable for any injury or loss of property.

Parent signature _____ Date _____

To the best of my knowledge, all the above information is correct and true. In case of a medical emergency, in the event I can't be contacted, I do not give permission for transportation, or medical attention for my child. My request releases St. Hilary Parish of Fairlawn, Ohio, and the Catholic Diocese of Cleveland in case of injury. St. Hilary's youth ministry staff and chaperones will not be held responsible or liable for any injury or loss of property.

Parent signature _____ Date _____