



*Be not Afraid!*

## Be who you are!

The Servants of the Pierced Hearts of Jesus and Mary invite you to a retreat to encounter the love of the Lord and the joy and freedom that His Word brings.

When: January 13-15, 2017

Where: St. John Paul II Evangelization Center  
(3087 SW 14th St, Miami, FL 33145)

Who: Young people between the ages of 14 and 17 years old

Cost: \$50 (T-shirt included)

\*\*Deadline to register is December 23. Space is limited.



If you have any questions or for more information, please write to:  
[srmariajose@piercedhearts.org](mailto:srmariajose@piercedhearts.org) or [srgracemarie@piercedhearts.org](mailto:srgracemarie@piercedhearts.org)

Youth Retreat Registration Form  
**“Be Not Afraid: Be Who You Are!”**  
Fri., January 13 - Sun., January 15, 2017

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Email: \_\_\_\_\_

Allergies/Other Medical: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Cost: \$50 per person (t-shirt included), cash or check (*checks made payable to SCTJM*)

The last day to register is December 23rd. Space is limited.

Please return this form to:  
3098 SW 14<sup>th</sup> St. Miami, FL 33145  
srmariajose@piercedhearts.org or srgracemarie@piercedhearts.org  
\*For more information call 786-762-2781



**Retreat Information**

Fri., January 13 - Sun., January 15, 2017

**Retreat begins:** Cenacle at St. Raymond’s Parish (*7:30pm Rosary, 8pm Mass, 8:45pm Adoration*)

**St. Raymond’s Catholic Church**  
3475 SW 17th St, Miami, FL 33145

*\*Retreatants are responsible for their own transportation to the Cenacle and from the Cenacle to Two Hearts Convent on Friday:*

**Two Hearts Convent**  
3098 SW 14<sup>th</sup> St, Miami, FL 33145

*\*The young women will sleep at the JPPII Center and the young men will sleep across the street at the Immaculate House.*

**Retreat ends:** 3:30pm on Sunday and the retreatants can be picked up at the St. John Paul II Center

**What to bring:** sleeping bag, pillow, pajamas, modest clothing, toiletries, towels, pen, prayer things (rosary, bible, journal), and an open heart ready to receive the love and mercy of the Lord

*May love always Triumph!*  
Servants of the Pierced Hearts of Jesus and Mary



*"Be Not Afraid: Be Who You Are!"*

Youth Retreat

Registration and Permission Form (Minor)

**Date:** Friday, January 13, 2017 to Sunday, January 15, 2017

**Location:** Two Hearts Convent and JPPII Evangelization Center - Miami, FL

**Phone:** (305)444-7437 Fax: (305)447-0341

**Run by:** The Servants of the Pierced Hearts of Jesus and Mary

**Cost:** \$50 (T-shirt included)

No transportation is provided. The parents of the retreatants are responsible for their child's transportation to and from the retreat.

Retreatant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Grade level: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

**RETREATANT AGREEMENT / CODE OF CONDUCT**

While participating in this retreat, I will accept responsibility for maintaining good conduct and appearance. I will listen attentively and will follow the supervisor's directions at all times. I understand that the sisters have the right to terminate my participation in the retreat at any time if my conduct is not appropriate and/or if I fail to follow the supervisor's directions. I understand if I am removed from this retreat my parents are responsible for my travel expenses.

Signature of Retreatant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**PARENTAL AUTHORIZATION**

I request that my child, \_\_\_\_\_, be allowed to participate in the retreat listed above. I understand that this retreat exposes my child to unpredictable risks and dangers. If emergency medical treatment is required due to accident, injury or illness, and I cannot be reached immediately, I hereby empower retreat supervisors to exercise their discretion to transport my child to a hospital emergency room or other medical facility for treatment and to sign any releases that may be required in order to obtain medical treatment for my child.

Signature of Parent: \_\_\_\_\_ Date \_\_\_\_\_

Phone numbers where I can be reached during the retreat:

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

RETREATANT MEDICAL INFORMATION & EMERGENCY FORM

**Retreatant/Minor:**

Name (first, middle, last): \_\_\_\_\_

Address: \_\_\_\_\_

**Retreatant/Minor's Regular Physician:**

Name: \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

**Medical Conditions:**

Please list any medical conditions of the student/minor (asthma, diabetes, epilepsy , etc.):

List any allergies or allergic reactions to medications of the student/minor:

List any medications the student/minor is presently taking:

Other pertinent medical information:

Date of student/minor's most recent tetanus shot: \_\_\_\_\_

**Medical Insurance Information:**

Company: \_\_\_\_\_

Plan Number: \_\_\_\_\_ Employee Identification #: \_\_\_\_\_

**Emergency contacts: *Parent or Guardian***

Name (first, middle, last): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Other Contact:**

Name (first, middle, last): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Relationship (friend, neighbor, coworker, etc.): \_\_\_\_\_

**Authorization for Emergency Medical Treatment**

This information will be kept in the possession of the parish. A copy will be distributed to the person in charge of each trip or athletic activity in which the student/minor participates. Should the need arise this information will be given to the proper medical authorities. I, \_\_\_\_\_ [parent/guardian], understand that in the case of illness or injury to my child, \_\_\_\_\_ [child's name], the parish will try to notify me or the person I have listed above as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the parish to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

This Authorization for Emergency Medical Treatment is valid for a period of January 13, 2017 through January 15, 2017.

# PUBLICITY FORM

*"Be Not Afraid: Be Who You Are!"* Youth Retreat

**Jan. 13-15, 2017, Two Hearts Convent/JPII Evangelization Center**

On occasion, the religious sisters running the retreat named above take photographs or make an audio or video recording of children and/or adults involved in parish activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in publications or advertising materials to let others know about the youth retreat. Also, local news organizations may learn about the parish's activities or events, and the parish may invite or allow them to photograph or record such events to be used, distributed, or displayed as the agents of the parish see fit.

I hereby expressly grant to the religious community named above and/or the Archdiocese of Miami the right, privilege and license to use the picture or likeness of my child/children in any photograph, movie, video production or any other forms of media publication and to use the verbal or written statements or declarations of my child/children for the purpose of publicizing, fostering and promoting the retreat, or for any other purpose in furtherance of the mission of the religious communities and/or the Archdiocese of Miami.

Name of Retreatant:

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Signature of Parent/Guardian:

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Printed Name of Parent/Guardian:

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Date:

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