

*St. Peter's and St. Mary's-Port Washington; Immaculate Conception-Saukville; St. Mary's-Lake Church; Holy Rosary-Fredonia & Our Lady of the Lakes-Random Lake*

*PRESENT A Middle School Retreat with*

Fun Games

***Humorous  
Skits***

Great  
Music

***Moving  
Dramas***

# NET

NATIONAL  
EVANGELIZATION  
TEAM

***Uplifting  
Prayer***

***Great Talks***

***Small Group  
Discussions***

***Wednesday, February 2, 2011***

***5:00 p.m. – 9:00 p.m.***

***Our Lady of the Lakes***

***306 Butler St., Random Lake***

***Supper will be served at 5:00***

***\$10 per student***

**SPACE IS LIMITED – SIGN UP EARLY!**  
For more information, contact the  
Youth Ministry office at 284-2102 or  
[portyouth@catholic.org](mailto:portyouth@catholic.org).

ATTENDANCE AT  
THIS EVENT  
SATISFIES THE  
RETREAT  
REQUIREMENT  
FOR 7<sup>TH</sup>/8<sup>TH</sup>  
GRADE

Detach here and return to the Youth Ministry office

*NET Retreat Registration Form*

### PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT

CHILD/WARD: \_\_\_\_\_

PARISH: Immaculate Conception/St Peter's/St Mary's Youth Ministry

DESIGNATED SUPERVISOR OF ACTIVITY: Youth Minister and Adults whom she designates

ACTIVITY: NET Retreat, Our Lady of the Lakes, Random Lake

DESCRIPTION OF ACTIVITY: Retreat

DATE AND TIME OF ACTIVITY: February 2, 2011; 5:00pm—9:00 pm

METHOD OF TRANSPORTATION: N/A (Students will need to provide their own transportation)

COST: **\$10 PER STUDENT PAYABLE TO YOUTH MINISTRY**

I consent to the participation of my CHILD/WARD in the above named ACTIVITY. In Consideration for my CHILD/WARD's participation, I agree to reimburse and indemnify the PARISH (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by PARISH in defending a lawsuit that I or my CHILD/WARD may bring against the PARISH which relates to the above named ACTIVITY if the PARISH is found not legally liable by the courts and prevails in the lawsuit. If the PARISH is found legally liable for injuries sustained by CHILD/WARD, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the ACTIVITY described above that my CHILD/WARD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH to clarify any concerns or questions about the ACTIVITY or this agreement that I may have had.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone Numbers

\_\_\_\_\_  
Cell Phone Numbers

**PLEASE RETURN BY January 26<sup>th</sup>, 2011 – SPACE IS LIMITED!**