

Youth Ministry

Retreat

EDGE

AN EDGE RETREAT ON FAMILY

Join us for our Spring Retreat on Saturday, March 28,
from 9:30 to 5:30 at Ascension Catholic Community

- variety of speakers
- games & fellowship
- praise & worship
- Mass and Reconciliation



QUESTIONS?

dcardamone@divinemercychurch.org
321-452-5955 ext 117

Stained Glass - Confirmation Retreat

When: Saturday, March 28th

Time: Check in starts at 9 AM and will end with 4 PM Mass (parents and families are invited to join us for Mass) Youth will be dismissed after Mass

Where: Ascension Catholic Church

2950 N Harbor City Blvd. Melbourne, FL 32935

Cost: \$40 (includes materials, snacks, lunch and a t-shirt)

if cost is an issue please let me know

Who: This retreat is mandatory for those making their Confirmation this year, but all 7th & 8th graders are invited.

Packet Due By: All packets and payments are due by March 14th so T-shirts can be ordered in time.

We can think of our life like a window, and our family as a window frame. The frame supports the window and defines its borders. The window is separate, but inherently connected to the frame. The windows of our lives are like stained glass, made of multicolored experiences that tell a story. Every colorful piece is needed to make the overall window a complete picture – even those that are cracked or cloudy. Middle school youth are encouraged through this retreat content to consider how their “stained glass life” casts dynamic hues and contrasts into the world.

Finally, youth are encouraged to zoom out further to consider their window as one pane within a cathedral of many more windows telling the epic stories of God’s family. In our best moments, the light of God shines through us to cast brilliant colored light into the world. We each have a unique way to shine, and youth are invited through powerful prayer and exciting activities to experience God’s love – embracing their role within their family and the larger family of God along the way.

Retreat Registration

Teen Name: _____

Parent Name: _____

Phone Number: _____

Current Grade: _____

T-Shirt Size: AS AM AL AXL AXXL

Dietary Restrictions: _____

Any allergies or medical needs: _____

Parent Signature: _____

Be sure to fill out backside for the Diocese

For Office Use Only: Total Amount Due _____ Amount Paid _____

Cash _____ Check _____

Date _____ Received by _____ Balance Due _____



Parental/Guardian Consent Form & Liability Waiver

(This form is required for minors to attend an off property event or trip).

Applicant Information			
Participant's Name & E-mail Address:			Date of Birth:
Address:	City	State:	Zip:
Home Phone:	Parent/Guardian's Name & E-mail Address:		
Cell Phone:	Work Phone:	Other number where Parent/Guardian can be reached during event:	

Consent & Liability Waiver	
<p>Important! To be filled out by the Parent/Guardian for youth under 18 years of age and individuals age 18 or older and in high school.</p>	
<p>In consideration of the program in which my son/daughter will participate, I, as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany (entity name) _____ to:</p>	
Event & Location: Stained Glass Retreat ; Ascension Catholic	Date & Time: March 28, 2025 9 AM - 5:30 PM
<input checked="" type="checkbox"/> Transportation Not Provided	Method of Transportation: Individual cars
<p><input type="checkbox"/> Transportation Provided I acknowledge that (entity name) _____ is providing transportation to and from (location) _____ to the event. I acknowledge and assume the risk of this transportation for my child. My child must comply with (entity name) _____ rules and procedures. By granting this permission, I also waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, (entity name) _____, the Diocese of Orlando, any of their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the program.</p>	

Parent/Guardian Signature <i>(must sign for any participant under 18 &/or 18 or older & in high school)</i>	Date
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Participant: In signing the line below, I certify all the information on the trip form is complete and accurate, I also agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand there will be consequences for my actions, including being removed from the activity and being sent home at my parents/guardian's expense.

Participant's Signature	Date
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Insurance Information			
<input type="checkbox"/> No, I do not carry medical insurance at this time.			
<input type="checkbox"/> I do carry medical insurance at this time.			
Insurance Carrier:			
Name of Insured:		Insurance Policy Number:	
Father's Name:	Day Phone	Mother's Name:	Day Phone:

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.