

# QUEST

LA SALLE MIDDLE SCHOOL  
JANUARY 17-18, 2009

*A retreat for high school  
freshmen and sophomores.*

## What is Quest?

Quest is an overnight retreat for freshmen and sophomore students. It's a chance to get away from the regular routine, meet new people, talk about important life and faith issues and, of course, have fun!

## Important Information

- ◆ Quest is held at **LaSalle Middle School (3700 1st Ave. NW CR)**
- ◆ Registration begins at **1:00pm on Saturday Jan. 17th** Please do not arrive before then. The retreat ends at **3:00pm on Sunday Jan. 18th**
- ◆ Quest is a very popular retreat and there is limited space so get your registration in early!
- ◆ Cost is **\$30.00 per person**. Checks can be made payable to the Archdiocesan Deposit and Loan.
- ◆ Registration forms need to be returned to St. Jude Parish by **Friday, Jan. 9th**.
- ◆ Participants must commit to being present the entire retreat

Contact your parish youth minister  
for more information.

## What to Bring

Casual Clothes	Towel	Ink Pen
Personal Items	Pillow	Flashlight
Sleeping Bag	Air Mattress	Snack to Share

Please do not bring anything that would be illegal, immoral, or disruptive to the spirit of the weekend.

Use of cell phones is not permitted during the retreat.

Join us on this wonderful journey to discover more about yourself, others and God.

The weekend includes meaningful celebrations of Reconciliation and Eucharist.

Please return registration form and fee (payable to Archdiocesan Deposit and Loan) to:  
St. Jude Parish  
Youth Ministry  
50 Edgewood Rd. NW  
Cedar Rapids, IA 52405

## Off-site Event Permission Form

**School/Parish/Program Name:** *QUEST RETREAT*

Person in Charge: CRAYM Representatives

Date: January 17-18, 2009

Grades: 9th and 10th grade youth

Event and Purpose: An overnight retreat for freshmen and sophomores.

Cost of the Event: \$30

Name \_\_\_\_\_ Sex: M F

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Parish \_\_\_\_\_

**Section 1** - By signing this section, I (parent/guardian) certify that I request and give my permission for \_\_\_\_\_ to attend this event.  
(name of student/participant)

Further, I have previously completed the *Annual Parental/Guardian Consent Form and Liability Waiver* and agree to the conditions as set forth.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 2** - Nonprescription Medication Permission - By signing this section, I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3** - Please list (continue on reverse side if needed) any medical information important for the adult in charge to know and/or any changes in this child's medical condition or emergency contact information since the completion of the *Annual Parental/Guardian Consent Form and Liability Waiver*.

\_\_\_\_\_  
\_\_\_\_\_

Archdiocesan Policy 5141 covers the administration of prescription medication; contact the program administrator for additional information.

Please return this permission slip by **Friday, January 9th**

Supervisor's Signature \_\_\_\_\_  
(Principal, C/DRE, Youth Director, Pastor, etc.)