

Be who you are!

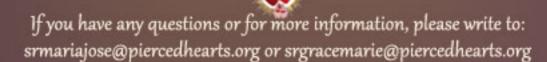
The Servants of the Pierced Hearts of Jesus and Mary invite you to a retreat to encounter the love of the Lord and the joy and freedom that His Word brings.

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.



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 23	rd. Space is limited.
Please return this form	to:
3098 SW 14 th St. Miami, FL	33145
srmariajose@piercedhearts.org or srgracem	arie@piercedhearts.org
*For more information call 786	-762-2781
×	
Retreat Information	on

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 14th St, Miami, FL 33145

*The young women will sleep at the JPII 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 JPII 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 parer and from the retreat.	nts of the retreatants are responsible for their child's transportation to
Retreatant Name:	
Address:	
Email:	
Grade level:	
Date of Birth:	
Phone:	
listen attentively and will follow the super to terminate my participation in the retre	E OF CONDUCT accept responsibility for maintaining good conduct and appearance. I will rvisor's directions at all times. I understand that the sisters have the right eat at any time if my conduct is not appropriate and/or if I fail to follow if I am removed from this retreat my parents are responsible for my travel
Signature of Retreatant	Date
Signature of Parent	Date
above. I understand that this retreat experiment is required due to accident, in retreat supervisors to exercise their discre	, be allowed to participate in the retreat listed oses my child to unpredictable risks and dangers. If emergency medical jury or illness, and I cannot be reached immediately, I hereby empower etion to transport my child to a hospital emergency room or other any releases that may be required in order to obtain medical treatment
Signature of Parent:	Date
Phone numbers where I can be reached	luring the retreat:

Cell: ______Work: _____ Home: _____

RETREATANT MEDICAL INFORMATION & EMERGENCY FORM

Retreatant/Minor: Name (first, middle, last):							
Address:							
Retreatant/Minor's Regular Ph	ysician:						
Name:	Phone	(includi	ng are	a code):			
Medical Conditions: Please list any medical condition	s of the student,	/minor	(asthm	a, diabetes,	epilep	osy , etc.):	
List any allergies or allergic react	ions to medicati	ons of tl	he stuc	lent/minor	:		
List any medications the student	:/minor is preser	ntly takii	ng:				
Other pertinent medical inform	ation:						
Date of student/minor's most re	ecent tetanus sho	ot:					
Medical Insurance Information Company:							_
Plan Number:	Employe	e Identii	ficatio	n #::			
Emergency contacts: <i>Parent or</i> Name (first, middle, last):	Guardian						
	Phone: ()		Cell: ()		
Other Contact: Name (first, middle, last):	Phone: ()		Cell: ()		
Relationship (friend, neighbor, o							
Authorization for Emergency N	ledical Treatme	nt					
activity in which the student/minor	participates. Show [parent/gu [child's name	uld the n uardian],], the par	need ari unders rish wil	se this infori stand that in I try to notify	nation the cas me or	will be give se of illness the person	n I have listed above as an emergenc
full power to the parish to 1) arrang emergency medical treatment would	ge for the transpord I normally be adm gn releases as may	tation of ninistered	my chi l, inclu	ld, whether ding but not	by amb limited	oulance or d to, an en	cy contact cannot be notified, I grant otherwise, to a proper facility where nergency room of a hospital, a doctor r surgical treatment as is required in
Signature of Parent/Guardian _				Da	ite		_

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 Hre!" 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:
Signature of Parent/Guardian:
Printed Name of Parent/Guardian:
Date: