

YOUTH MINISTRY RETREAT

When: 6:00 PM January 28 to 4:30 PM January 30, 2011

Where: Camp Redwood Glen, Scotts Valley

Who: Any and All 8th – 12 Grades from: St. Thomas Aquinas, St. Simon, St. William, St. Nicolas, St. Joseph, St. Athanasius, St. Raymond, St. Denis, and Church of the Nativity.

Cost: \$100/person

For more information contact your Youth Minister or
stayouth@paloaltocatholic.org

In Reverse Teen Retreat

Parent Info Newsletter

Dear Parents,

Thank you for allowing your teen to participate in the **IN REVERSE HIGH SCHOOL 2011 WINTER RETREAT**. This retreat is hosted by the San Jose Diocese Deanery 2 Parishes- St Simon LIFE TEEN, St. Nicholas/William's Intersection, St. Joseph's, St. Athanasius, St Thomas Aquinas, and Nativity, St. Dennis/St St. Raymond's Menlo Intersection from the San Francisco Diocese. We wanted to give you a brief overview of the retreat and provide you with important information for you and your teen to review.

The IN REVERSE Retreat begins on Friday evening January 28 and concludes on Sunday at 4:00PM. All Cars will return to St. Simon's. The retreat will be held at Camp Redwood Glen in Scotts Valley, CA . This is a favorite retreat center – excellent meals will be served throughout the weekend beginning with Breakfast on Saturday until lunch on Sunday.

The IN REVERSE retreat focuses on the Lord's Prayer. The sessions, if done in order, will actually unpack the Our Father, but in reverse. We begin by focusing on the final petitions of personal temptation and deliverance and work our way back through the prayer until we arrive as one united body beckoning "Our Father."

Many of the ideas and suggestions within the retreat play into this "reverse" theme. Teens will be asked to do things backwards from time to time. The purpose, however, is intentional. Sometimes we need to do things differently to change not only our perspective on things, but also our habitual approach. In other words, one of the most effective ways to "de-program" a teen from merely reciting a prayer like the Lord's Prayer is to slow down, intentionally look at each piece and begin again (re-program). The Lord's Prayer is one of the greatest gifts we were given by Christ. It is the perfect prayer. Our entire lives could be spent meditating on it and we would still not scratch the surface of its divine depths. A more intentional and prayerful approach to the Lord's Prayer for your teens will pave the way to a far more intimate and robust prayer life in their college and adult years.

This retreat gets back to some of the basics of the Christian life:

- God's love and mercy
- Our need to rely more on God and to trust Him
- His desire for our lives

- Our struggles living for Him
- His desire for intimacy with us

The teens will encounter Christ's prayer in new ways and, most likely, have some of their concepts regarding our Heavenly Father re-examined in the process. Not only will they be praying the Lord's Prayer differently by Sunday, they'll probably never pray it the same way again. When we pause long enough to focus on the "Our Father," we allow God to radically change our relationship with Him and one another.

Teens will be presented with workshops, community builders, organized activities, praise & worship and time for prayer and reflection. We are confident that the teens will have an amazing experience. However that will only happen if the teens come to the retreat with an open heart and an open mind. We ask that you please review the rules, dress code, expectations and the consequences when either or all of these are not met with your teen. The more prepared your teen is with what is expected the more smoothly the retreat will run. Most importantly, we ask that you please keep us in your prayers. We ask that you pray that the teens will open their hearts and God may pour His grace upon them. We thank you for your support in this ministry.

Blessings,

The Retreat Leadership Team

CONTACT INFORMATION :

Redwood Glen Camp and Conference Center

3100 Bean Creek Road

Scotts Valley, CA 95066

831-461-2000

<http://www.tsaredwoodglen.org/>

Youth Ministry / Retreat Coordinators:

Andie Nutt - 831-578-1256 Youth Minister – The Intersection

Val Liberty – 650-465-4170 Youth Minister – St. Simon LIFE TEEN

Chris Miller- 408-395-7949 Youth Minister - St Thomas Aquinas

Kathi Horn 650-452-3560 Youth Minister - St. Joseph Mtn. View

Deanna Mesa – 650-464-1961 Youth Minister – St. Athanasius

Ingrid Pera _ 650-759-9993 Youth Minister - Nativity, St. Dennis/St Raymonds

Menlo Intersecti

Drop-off/Pick-up Times:

At 6:00 on Friday, January 28, 2011. Please make every effort to be punctual. We plan to depart shortly after. We have Check in, Packing and Ice Breakers and want to leave at 6:45 for Redwood Glen.

We plan to leave Redwood Glen at 2:30pm on Sunday and expect to be back at St.Simon's at 4:30pm. Teens will need to be picked up at this time. We will attend Mass at the Retreat site.

Dress Code:

- Appropriate, casual and comfortable clothing. No revealing tops or short skirts
- Comfortable shoes, no high heels, flip flops may be used for showers only

Rules and Expectations:

- Have a positive attitude
- Full participation throughout the event
- Respect each other and the leaders
- Respect the retreat presenters
- Respect the camp grounds
- No rough horseplay
- No inappropriate language
- Must not be near/in opposite gender's cabin
- No PDA (public displays of affection)
- No cell phones or music players* (Will be confiscated)
- No wandering off-site and must be within vision of an adult at all times
-

Major violations:

- Possession of drugs, alcohol or weapons
- Vandalism
- Fighting
- Sexual activity
- Wandering off-site

What to Bring :

Sleeping bag (please label)

Pillow (please label)

Towel

Toiletries(Soap, DEODORANT, Toothpaste & brush

Pajamas

2 sets of comfortable clothing

Heavy Jacket/sweater , Hat & gloves – **it gets very cold at the Retreat Center**

Rain Jacket & boots (in case of wet weather)

Comfortable shoes

Bible/Prayer book

Flashlight

Watch - no cell phones will be used

For necessary prescribed medication, please see notes †

WHAT NOT TO BRING:

Cell phones*

MP3 players*

Other electronic gadgets (handheld games,etc.)*

Inappropriate clothing (revealing clothes, inappropriate words/graphics, etc.)

Food items

Homework ‡

Negativity

Notes:

* Cell phones are not necessary at the retreat. In case of an emergency where you need to reach your teen, please call the retreat center or contact person(s) listed. We strongly encourage an environment of community and inclusiveness, which is the main reason why we discourage cell phones, MP3 players and/or other electronic gadgets that prevent teens from engaging with their peers.

† Any prescribed medication must be labeled and checked in to the retreat coordinator or parish youth minister (if attending) at the check-in time.

‡ We ask that you please plan ahead to complete as much of the weekend homework as possible before attending the retreat. Retreats are meant to temporarily pull us away from the responsibilities of life so that we can focus on our relationship with God without any distractions

TEEN PERMISSION FORM

IN REVERSE WINTER RETREAT – JANUARY 28-30

**REDWOOD GLEN –Scotts Valley, CA– \$100.00 PER PERSON
INCLUDES: 2-NIGHTS LODGING, 5 MEALS, CAMP FACILITIES T-SHIRT & AN AWESOME
EXPERIENCE.**

**LIMITED SCHOLARSHIPS OR PAYMENT PLANS ARE AVAILABLE UPON REQUEST.
PLEASE CONTACT YOUR YOUTH MINISTER FOR MORE DETAILS.**

****RETURN THIS COMPLETED FORM WITH PAYMENT TO YOUR YOUTH MINISTER OR PARISH OFFICE****

****THE LAST DAY TO REGISTER IS SUNDAY, JANUARY 9, 2011****

PARTICIPANT GENERAL INFORMATION (PLEASE PRINT)

FIRST & LAST NAME: _____ DOB: _____ M/F: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME #: _____ CELL#: _____ EMAIL: _____

SCHOOL: _____ GRADE: _____

PLEASE SELECT SHIRT SIZE: " S " M " L " XL " XXL OTHER: _____

IS YOUR TEEN REGISTERED WITH **Teen Ministry** THIS YEAR? " YES " NO

IF NOT, WOULD YOU LIKE TO REGISTER HIM/HER IN THE PROGRAM? " YES " NO

IS YOUR TEEN PREPARING FOR CONFIRMATION THIS YEAR? " YES " NO

PARENT AND EMERGENCY INFORMATION

PARENT/ GUARDIAN 1: _____ CELL#: _____

PARENT /GUARDIAN 2: _____ CELL#: _____

PERSONS TO NOTIFY IN CASE OF EMERGENCY (OTHER THAN PARENT):

CONTACT 1: _____ PHONE#: _____ RELATIONSHIP: _____

CONTACT 2: _____ PHONE#: _____ RELATIONSHIP: _____

WE WILL NEED DRIVERS TO HELP GET TEENS TO & FROM THE RETREAT. DRIVERS WILL LEAVE FROM ST. SIMON AT 6:00PM ON FRIDAY AND ARRIVE AT REDWOOD GLEN BY 8:00PM. RETURN DRIVERS WILL ARRIVE AT REDWOOD GLEN AT 2:30PM AND WILL BE BACK AT ST. SIMON BY 4:00PM ON SUNDAY. ALL DRIVERS WILL BE FINGERPRINTED IN ACCORDANCE WITH DIOCESAN REGULATIONS.

____ YES, I am willing to drive teens to the retreat on Friday, January 28th.

____ YES, I am willing to drive teens back from the retreat on Sunday, January 30th.

TEEN MEDICAL INFORMATION

FOR HEALTH AND SAFETY REASONS, PLEASE ANSWER THE FOLLOWING QUESTIONS. ANY "YES" RESPONSE WILL REQUIRE AN EXPLANATION.

WILL YOU BE BRINGING ANY TYPE OF MEDICATION TO THIS EVENT? YES NO
IF YES, PLEASE PROVIDE DETAILS AND INSTRUCTIONS:

DO YOU HAVE ANY TYPES OF ALLERGIES (FOOD OR SEASONAL)? YES NO
PLEASE SPECIFY:

ARE YOU A VEGETARIAN? YES NO
DESCRIBE ANY OTHER SPECIAL NEEDS WE SHOULD BE AWARE OF:

I HAVE THE FOLLOWING MEDICAL INSURANCE THAT WOULD COVER ANY HOSPITAL, MEDICAL AND RELATED COSTS AND EXPENSES IN THE EVENT OF ILLNESS OR ACCIDENT OF AN EMERGENCY NATURE:
POLICY NAME : _____ POLICY #: _____
DOCTOR'S NAME : _____ PHONE #: _____

IN THE EVENT MY CHILD IS INJURED OR BECOME ILL AND REQUIRES EMERGENCY MEDICAL ATTENTION, ANY RESULTING HOSPITAL, MEDICAL, OR RELATED COSTS AND EXPENSES WILL FIRST BE PAID BY THE MEDICAL INSURANCE OR BENEFIT PLAN OF MINE OR MY SPOUSE. I AM NOT AWARE OF ANY MEDICAL CONDITION OF MY CHILD WHICH WOULD RENDER IT INAPPROPRIATE FOR HIM/HER TO PARTICIPATE IN ANY SUCH ACTIVITY.

I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE YOUTH ACTIVITIES SUPERVISORY PERSONNEL THEN PRESENT TO RENDER MEDICAL TREATMENT DEEMED NECESSARY AND APPROPRIATE BY THE PHYSICIAN. IF THE PHYSICIAN/DENTIST CANNOT BE REACHED, THEY MAY MAKE THE NECESSARY ARRANGEMENTS TO SEEK MEDICAL CARE.

CONDUCT AND DISCIPLINARY AGREEMENT FOR PARENT/GUARDIAN:

I, THE PARENT (GUARDIAN) OF THE ABOVE NAMES CHILD, HEREBY, GIVE PERMISSION FOR HIS/HER PARTICIPATION IN THE ACTIVITY NAMED ABOVE. I AGREE TO DIRECT MY CHILD TO COOPERATE WITH THE DIRECTIONS AND INSTRUCTIONS OF THE PARISH, OR DIOCESAN PERSONNEL RESPONSIBLE FOR THE ACTIVITY. NOTE: SHOULD MY CHILD CHOOSE NOT TO FOLLOW THE GUIDELINES AND EXPECTATIONS FOR THIS RETREAT, I UNDERSTAND THAT THERE WILL BE CONSEQUENCES FOR THEIR ACTIONS, INCLUDING BEING REMOVED FROM THE ACTIVITY AND/OR BEING SENT HOME.
IF MY CHILD IS SENT HOME, I AGREE TO MAKE ARRANGEMENTS TO HAVE MY CHILD PICKED UP IMMEDIATELY.

PARENT/GUARDIAN'S SIGNATURE: DATE

FOR PARTICIPANT:

IN SIGNING BELOW, I AGREE TO ABIDE BY ALL RULES ESTABLISHED AT THIS EVENT. SHOULD I CHOOSE NOT TO FOLLOW THE GUIDELINES AND EXPECTATIONS OF THE ADULTS AND MY PEERS, I UNDERSTAND THAT THERE WILL BE CONSEQUENCES FOR MY BEHAVIOR, INCLUDING BEING REMOVED FROM THE ACTIVITY AND/OR BEING SENT HOME AT MY PARENT'S EXPENSE.

PARTICIPANT'S SIGNATURE: DATE