



Queen of Apostles  
Community

**QAC Marianist L.I.F.E.**

# Spiritual Anatomy

Queen of Apostles Community  
4435 Patterson Rd.  
Dayton, OH 45430  
February 1, 2016

As we wait to enter into spring, we anticipate all that stands before us. We often start to feel the excitement of the changing seasons while still feeling overwhelmed with the rest of the school year and all it contains. Ever wish you could take just a moment to pause and really appreciate the emerging life all around you? Well, you can!

You are invited to attend the Marianist L.I.F.E. Spring Retreat. Our retreat theme for this spring is **Spiritual Anatomy**. This weekend will give you the chance to pause in your busy lives and feel a sense of renewal. It will give you time to look at your life and help discover where your path is leading and how God fits into the picture. The Spring Retreat will take place on March 4<sup>th</sup>-6<sup>th</sup>. Cost for the weekend will be \$50.

We really hope you will be able to be there for this special weekend.

If you plan to join us, have your parents sign the enclosed permission slip and return it with your money to the Religious Education mailbox (or Maggie Atkinson) by February 21<sup>st</sup>. Please invite your friends if they haven't received this invitation, have them get in touch for more information and a permission form.

Hope to see you there!  
Peace,

Maggie Atkinson  
Coordinator of Religious Education and Youth Ministry  
937-429-0510 ext 2503

**QAC Activity Information Form**  
**OFF-SITE & ONE-TIME ACTIVITY RELEASE**  
**Queen of Apostles Marianist L.I.F.E.**

**Activity:** LIFE Spring Retreat '16 **Spiritual Anatomy**

**Cost:** \$50

**Location:** Governor's Island

**Emergency Phone:** Maggie's cell 937-422-3722, Emmy Hamilton's cell 937-654-1573

**Start Date/Time:** Friday March 4<sup>th</sup> 5:45 p.m. (departure at 6:00 p.m.)

**End Date/Time:** Sunday March 6<sup>th</sup> 3:00 p.m. (will call upon arrival)

**Meeting Place:** Si-lounge, Mount St. John

**Transportation:** moderator vehicles—driven by moderators

**Leader:** Emmy Hamilton

**Telephone:** 422-3733(cell) 429-0510(work)

**Type of Activities:** Prayer, community building, hiking/walking, journaling, singing and most probably dancing. We will be attending Mass on Sunday at the chapel on the island.

**Other information:**

There will be 5 meals provided during the weekend—breakfast/lunch/dinner on Saturday and breakfast/lunch on Sunday. Please eat dinner on Friday before arriving at Si-lounge.

**\*\*We ask that all participants bring a snack to share for the weekend.**

## **QAC Marianist L.I.F.E. Spiritual Anatomy Retreat Checklist**

### ***You will need to bring:***

- A snack to share
- Comfortable clothes for the whole weekend (please no t-shirts with inappropriate messages)
- Appropriate sleepwear
- Appropriate clothing for being outdoors (hiking, walking, collecting firewood, etc...)
- Toiletries—deodorant, toothbrush/toothpaste, etc...
- Any medications (labeled and marked with name)
- Personal journal or sketchpad for quiet times

### ***Please do not bring:***

- Electronic devices
- Weapons of any sort
- Addictive substances

# QAC Marianist L.I.F.E.

**Spring Retreat—Spiritual Anatomy**  
**March 4<sup>th</sup> -6<sup>th</sup> 2016**

I understand that my child, \_\_\_\_\_, will be a participant in the QAC Marianist L.I.F.E. High School Retreat. I have reviewed the information about this event and its activities and give my permission for my child to be involved in the activities of this event.

I understand and agree that if my child has to return home early for discipline violations it will be at my expense and time.

I understand that all reasonable safety precautions will be taken at all times by Queen of Apostles' leaders, and agents, including volunteers, during the activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk of such activities and I agree not to claim QAC and all personnel liable for damages, losses, diseases, or injuries incurred by my child and will indemnify QAC and persons against such a claim by anyone else.

Parent/Guardian Name (PRINT) \_\_\_\_\_

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

Parent's Phone Number \_\_\_\_\_

Today's Date \_\_\_\_\_

## **Retreat Be-Attitudes**

***Blessed are those who are in their own bed at the lights out hour.***

***Blessed are those who do not leave the retreat facility during the retreat.***

***Blessed are those who are punctual for they shall meet their maker on time.***

***Blessed are those who refrain from foreign substances for they shall enjoy the whole weekend.***

***Blessed are the peacemakers for they are the friends of all.***

***Blessed are those who report any injuries for they shall be healed quickly.***

***Happy those who nurture their neighbor's self-esteem for they shall find support.***

***Happy are those who participate fully in the retreat for their rewards are endless.***

***Blessed those who follow these Be-Attitudes for they shall find happiness on this retreat.***

**ARCHDIOCESE OF CINCINNATI**

**PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 6-2006)**

1. I, the lawful parent or guardian of (the "child"), give permission for my child to participate in the activity described on the *Activity Information* form and release from all liability and indemnify the Archbishop of Cincinnati ("the Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati and all parishes within the Archdiocese, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity.

2. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.

3a. I appoint the Archbishop or his agents who are acting as leaders of the activity as my attorney in fact to act for me in

my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any

injury, illness or medical emergency occurs during the activity or related travel:

(i) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any

other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the child.

(ii) I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.

3b. This power of attorney shall lapse automatically upon completion of the activity and related travel.

4. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions.

I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

Signature of Parent or Guardian Date //

Home Address City Zip

Place of Employment

Work Address City Zip

Parent or Guardian Phone No. (w) (h)

Emergency Contact Phone No. (w) (h)

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**Medical Information — Completed by Parent or Guardian — Please Print**

Child's Name Birth date //

Child's Soc. Sec. No. \*

Allergies

Medications

Chronic Conditions (e.g. epilepsy, diabetes)

Medical Insurance Co. Policy No.

Member's Name Phone No. (h) (w)

Member's Birth date // Member's Soc. Sec. No. \*

Family Doctor Phone No.

\* Social Security Number is optional. Please note that some hospitals WILL NOT treat without it