

High School Overnight RETREAT

“Until You Can’t...”

**Talks, Sports, Discussions, Food,
Confession, Adoration, BonFire**

When?

Sat April 30th (10:00am) to Sunday May 1st (11:15am)

Closing Mass at Holy Cross Parish 10:30 AM

Where?

Potter’s Ranch - 5194 Beaver Rd, Union KY 41091

Cost:

\$60 (Includes lodging & Meals)

Sponsored by St Pius X Youth Ministry & Holy Cross Church & Covington
Catholic High School

- Meet at Potter’s Ranch at 10am (Sat) April 30
- Potter’s Ranch - Address: [5194 Beaver Rd, Union, KY 41091](#) Phone: (859) 586-5475
- Rides will be provided to Holy Cross Church, Latonia for Sunday 10:30 Mass.
- Pick up retreatants from Church at the conclusion of Mass (families invited to attend Mass).
- Questions: Contact - Ashley Marshall, St. Pius X Youth Minister - 859-512-5273;
abb171@gmail.com
- PAYMENT: \$60 – Checks made payable to “St Pius X”.
- **Mail/Submit Payment and Permission Form ASAP to:**
St. Pius Church, ATTN: Ashley Marshall, 348 Dudley Rd. Edgewood, KY 41017

High School Retreat April 30 - May 1, 2022

DIOCESE OF COVINGTON PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's Name _____

School _____ Parish _____

Birth Date _____ Sex _____ Grade _____ Age _____

Parent/Guardian's Name _____

Home Address _____

Student Phone _____ Parent Phone _____

Student email _____ Parent Email _____

Emergency Contact Name & Phone _____

I, _____, grant permission for my child _____, to participate in this diocesan/parish youth ministry activity as described above that requires transportation to a location away from the parish sites. This activity will take place under the guidance and direction of diocesan/parish employees and/or volunteers from **St. Pius X Parish, Covington Catholic High School, and Holy Cross Parish.**

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend (name of parish) **St. Pius X Parish, Covington Catholic High School, and Holy Cross Parish.** its officers, directors and agents, and the Diocese of Covington, chaperones, or representatives associated with the activity for any claim or damages to any person or property, arising from or in connection with my child attending the activity or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents and the Diocese of Covington, chaperons, or representative associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Parent/Guardian Signature _____ Date _____

Participant's Signature _____ Date _____

Complete the Information Below By Parent or Guardian – Please Print

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Medical Insurance Company _____

Member's Name _____ Phone _____

Family Doctor _____ Phone _____