***Saint Mary’s Office of Youth Ministry KEEP THIS PAGE FOR YOUR REFERENCE***

High School Youth Group

**Mount 2014**



**Friday, February 6th - Sunday 8th**

**3pm Fri to 2:30pm Sun**

**FULL REGISTRATION DUE NO LATER THAN**

**MONDAY, DECEMBER 15th, 2013**

**Drop off:** SM 3pm **Pickup:** SM 2:30pm

**Suggested Price $75.00\* per person (Non-Refundable $40 Reservation Fee Required by Saturday, 12/13/14)**

A packing list will be given out before the retreat.

Mount2000 is a Eucharistic retreat for high school students sponsored by Mount St. Mary's Seminary and University. The retreat was started by the Mount seminarians about 15-20 years ago in preparation for the Jubilee Year 2000. It was such a great success that the seminarians decided to continue it even after 2000. High school youth have a chance to come and hear some of the best and most dynamic Catholic speakers in the country, spend time with seminarians, priests, and religious, enjoy hanging out with a huge group of Catholic teens from all over the country, and - most importantly - spend time with the Lord in the Sacraments: in Mass, in Confession, and especially in the time offered for prayer in front of the Eucharist**. IN ORDER FOR YOUR TEEN TO ATTEND YOU MUST FILL OUT THE MOUNT2000 FORMS ON THE MOUNT2000 WEB PLATFORM BY DECEMBER 15TH.**

\*If you would like to come, but cannot afford the cost, please contact me.

\*\*\*\*\* DRIVERS NEEDED!!!\*\*\*\*\*

Questions? Contact Matt at 301-906-4869 or at [smymrockville@gmail.com](mailto:smymrockville@gmail.com)

Saint Mary’s Office of Youth Ministry Parental Release Form

**Parental Release and Consent Form**

\*this form must be filled out and signed by a parent or guardian.

PLEASE RETURN THIS FORM TO THE OFFICE OF YOUTH MINISTRY or RECTORY:

**No later than Saturday, February 6th, 2015. You will also need to complete a Mount2000 liability form as well as their registration forms via their platform. An email login will be sent to you AFTER YOU HAVE CONFIRMED YOUR ATTENDANCE.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the undersigned give my permission for my

son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend:

**Mount 2012 – Friday, February** 6th– 3pm to **Sunday, February 8th** 2:30pm- Suggested Price is: **$75 per person ($40 Non Refundable Reservation Fee due by Saturday December 13th)**

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event that I cannot be reached, I hereby give permission for my child to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by medical personnel. I relieve St. Mary’s Parish and staff, the Archdiocese of Washington, D.C., and all chaperones from all responsibility and/or consequences that might arise as the result of this treatment. Further, I agree to accept all financial responsibility resulting from said treatment. I will not hold St. Mary’s Parish and staff, the Archdiocese of Washington, D.C., and any chaperones responsible in the event of an injury or accident. I recognize that immediate expulsion from the trip may occur if my child does not comply with the rules and regulations set forth by the Parish and the Archdiocese of Washington, D.C. I understand that this expulsion is subject to the judgment of the Youth Minister and chaperones present and I will not hold them responsible for any consequence. I also understand that I am financially responsible for any cost that this expulsion may incur. I have read the rules and regulations together with my child, as outlined in the Code of Student Conduct. I have made sure that he/she fully understands them and the consequences for not complying. I have witnessed their signature on the Code of Student Behavior.

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell (Emergency only):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Emergency Contact Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell ( Emergency only):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**ALL NON-REGISTERED MEMBERS OF YOUTH GROUP MUST ALSO COMPLETE A MEDICAL RELEASE FORM AND CODE OF BEHAVIOR FORM.**