

An Invitation From:

Saint John Vianney Church

12600 84th Ave NE, Kirkland WA 98034 Phone: 425.823.0787

Dear Youth,

Join us along with many other 7th – 12th graders for a fun filled year at St. John Vianney Catholic Church. Youth Group meets on Sundays from 6:30-8pm where we start the night with dessert (back by popular demand)! Enclosed is a Youth Group Calendar for the 2010-2011 year.

After few fun Sunday Youth Night starting on Sept 19th, we'll proceed to our retreat. Our theme this year is *Harry Potter: a Prisoner to Emotions*. This is sure to be an exciting event with Quidditch, Bertie Botts jelly beans and more! The time commitment is from Saturday, 9/25, 8am till Sunday, 9/26, 12:00'ish so tell the coach you have a date with God. The cost is \$60 per youth or free if your parent helps. Enclosed is detailed retreat information and the permission slip. Sign up early since space is limited.

Please join us this year for fun, prayer, and friendship. With you each and every gathering is that much more special!

Peace and Love,

Jan Kline and Maybeth Terashima

P.S. This is a BYOB event (bring your own broom)



SJV Harry Potter: A Prisoner to Emotions Retreat
12600 84th Ave NE, Kirkland, WA 98034 Phone: 425.823.0787

For 7th – 12th graders Sept. 25-26, 2010

-----Post this on the fridge-----

Parents & Teens:

*Mail the permission slip with a check for \$60 per youth before **Sept 18** (Youth comes free if your parent helps with the retreat and scholarships are available. Contact Maybeth or Jan for more details.)*

*Parents drop off teen's secret gift before **Sept 18** (see secret parent letter)*

Saturday: *Arrive at SJV church by 8:00 am (be sure to have eaten breakfast already!)*

Sunday: *Return to SJV 12:00 pm. Wait INSIDE the church and participate as a family with your teen in a short ending information/prayer time*

Teens Bring (please label all things with your name):

BYOB (bring your own broom) for Quidditch

Sleeping bag, & pillow

Sweats or something that fully covers you for PJ's

ONE full change of clothes

Toothbrush & toothpaste

Deodorant, brush, & stuff to wash face

Youth Bible

Leave your cell phone, electronics (i.e. I-pods, games etc...) & watch at home

A great attitude with fun involved

Emergency Contact #'s:

Jan cell: 206.979.4574 Maybeth cell: 206.999.8348



Secret Parent Letter & Ending Family Prayer!

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Dear Parents,

Please come by SJV church and write or drop off an inspirational letter for your teen which they will receive at the end of the retreat.

Since the retreat focus is on emotional loss, the inspirational letter needs to be on a time when you've seen your teen experience a loss and how he/she became a better person for the experience with some sort of renewed meaning perhaps/greater joy. The letters are personal and they can choose to share them or not. These are something that they truly treasure and will go into their personal binders that they bring home. We watched teens reread their parent letters over and over again at the end of the retreat last year.

If you would like to compose your letter before the fact, an 8.5 x 11 sheet will work for the binder. You can also do it on your computer and send it as an attachment to Jan or myself. We would like all letters done by Sept 18th.

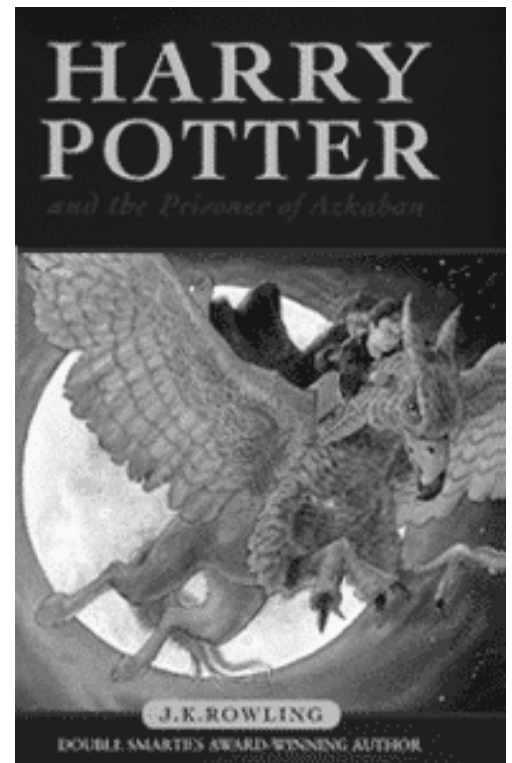
When your teens return on Sunday, September 26th at 12:00pm, please meet them INSIDE the church as a family for for a short information/ending prayer meeting.

We are all so excited to work with your teens and look forward to a God filled weekend!

Jan Kline & Maybeth Terashima

Email: terashima.home@verizon.net

Or jkline@sjvkirkland.org



Harry Potter Retreat _ PERMISSION SLIP _ Sept 25-26, 2010 Cost \$60

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PARTICIPANT INFORMATION:

Full name: _____ Age _____ Birth date _____

Male: ___ Female: ___ Grade/School: _____ Social Security number _____

Parent/guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____ Cell phone: _____

PARENTAL AUTHORIZATION

Dear Parent or Legal Guardian: Your son/daughter/individual under your guardianship is eligible to participate in an activity that requires transportation away from the parish site.

DESCRIPTION OF ACTIVITY

Type of event: Middle School & High School Retreat
Destination of event: Gold Creek Lodge, 16020 148th Ave NE, Woodinville, WA
Date: Sept 25, 2010 depart from SJV @ 8am return Sept 26, 2010 to SJV at 12:00pm
Mode of Transportation to & from Parish Parking lot: Adult leadership cars
Individuals in charge: Jan Kline, Maybeth Terashima, Annette & Klaus Schwientek, Karen Maxwell, John Gallagher

If you desire your son/daughter/individual under your guardianship, to participate in this particular event, please complete, sign and return the following statement of consent and release of liability by **Sept 18, 2010**.

I hereby consent to participation by _____, my son/daughter/individual under my guardianship, in the event described above. I fully understand that this event will take place away from the parish grounds and that my child will be under the supervision of the designated staff and/or volunteers on the stated dates. I understand that such an undertaking involves an element of risk. I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Corporation of the Catholic Archbishop of Seattle, staff, volunteers, and drivers from any and all liability that may arise out of participation in this activity. I also give consent for emergency medical treatment if necessary. I do request that, if possible, I be contacted prior to treatment. As parent/legal guardian, I remain fully responsible for any legal responsibility which may result from any personal actions taken by the named participant. Finally, my child and I have read and understand fully the attached Code of Behavior for Youth Participants in Events and Activities sponsored by the Catholic Archdiocese of Seattle. I consent further to the conditions stated above, including the method of transportation.

Parent's/Guardian's Signature: _____ Date: _____

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Telephone #: Day: _____ Night: _____

Alternate Emergency Contact: _____

Telephone #: Day: _____ Night: _____

Allergies or Medical Concerns: _____

Medical Insurance Company: _____ Policy #: _____

Doctor's name: _____ Doctor's Phone #: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Allergic reactions (**medications**, foods, plants, insects, etc.): _____

Parent Signature: _____ Date: _____

