

“Spoken: Hearing God’s Voice”

Escape From It All With A Retreat

Friday, February 27 - Sunday, March 1, 2026

Important Information:

WHEN: The bus leaves the St. Scholastica parking lot at approximately 5:00 pm on Friday, February 27th. We will return home at approximately 7:00 pm on Sunday, March 1st.

WHERE: Five Pines Ministries; 6597 Smith Road; Berrien Center, MI 49102; (269) 471-1396

WHAT TO BRING:

- * Sleeping bag or bed linens and pillow
- * Towel, washcloth, toiletries
- * Comfortable Clothing
- * Warm clothes and shoes that you don't mind getting dirty on hikes.
- * Everyone should bring a **24** pack case of juice, water or soda, **AND** a salty **AND** a sweet snack to **SHARE** on a group snack table. No food may be brought to the rooms.

WHAT NOT TO BRING:

- * Phones, iPods, electronic equipment, magazines.

A retreat is a time to get away from regular things in life.

WHAT WILL HAPPEN:

- * Interesting talks by your peers - The theme is “Spoken: Hearing God’s Voice”. The Retreat Team will be giving witness about how they have heard God’s voice in their own lives.
- * Group discussions on these issues.
- * Meet new people and develop friendships.
- * Fun activities including skits and games.
- * Nature walks, time to think in silence.
- * Free time. If there is snow we will be tubing. If not you will have time to explore the natural surroundings.. and possibly do a high ropes course. (In 19 years we have been able to tube every time except two).
- * Celebration of the Mass and Reconciliation.
- * The opportunity to truly be yourself with people who love you.

DEADLINE FOR REGISTRATION:

Sunday, January 25, 2026 to the S.T.O.R.M. Meeting or to the Parish Office.

FEE: \$100*

- * Because we believe that this retreat is very important, we would like all youth group members and parishioners to have the opportunity to attend, and we do not want financial hardship to be an obstacle. If this is a consideration, please contact Jennifer at 630-885-6439, or e-mail her at youthministry@stscholasticaparish.org so we can work out an arrangement.



ST. SCHOLASTICA & CHRIST THE SERVANT S.T.O.R.M. YOUTH MINISTRY WINTER RETREAT "SPOKEN" 2/27/26 - 3/1/26 PERMISSION FORM

Participant's Name: _____ Birth Date: _____ Age: _____ (Circle): M F

Address: _____ City, State, Zip: _____

Parent Name: _____ Cell #: _____

Parent Name 2: _____ Cell #: _____

Parent Email: _____ Teen Email: _____

Teen Cell #: _____ School: _____ Grade: _____

GENERAL PERMISSION FORM

I request that my child, _____, be allowed to participate in the Youth Ministry Retreat at Five Pines Ministries in Berrien Center, Michigan on February 27 – March 1, 2026. I hereby release and indemnify my parish, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event. I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Parish: St. Scholastica and the Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation in the trip.

Code of Behavior

I acknowledge that I am representing our diocese/parish during this event, and I will represent us well. I will adhere to all Diocesan Guidelines and display responsible, mature, and respectful behavior in my words, actions, and usages.

Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate respect and common courtesy at all times. Inappropriate language/behavior/conduct will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the values of modesty and respect, and inscriptions and images on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverages is prohibited.
6. The possession of any illegal substances is prohibited and subject to legal action.
7. Smoking, vaping, e-cigarettes, smokeless tobacco, and cannabis in any form are prohibited.
8. Weapons and/or drug paraphernalia are prohibited.

Infraction of these rules can mean immediate dismissal with no refund. I understand and agree to the Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal my guardians (if under the age of 18) will be notified and/or I will be responsible for any and all costs related to the participants dismissal from activities and any all costs assessed by local authorities

Parent/Guardian Initial _____ Participant Initials _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child, _____, by the people in charge of the event and those transporting my child to and from the event as their judgement deems advisable and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay of such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery if deemed necessary for my child.

Allergic to medication? NO YES (circle one)

If YES, please describe: _____

Allergic to Other: _____

Other Conditions: _____

Food Requirements: _____

INSURANCE INFORMATION

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____

Authorized Physician: _____

Phone #: _____

VIDEOTAPING, PHOTOGRAPHS AND VIRTUAL PLATFORMS

Video, and photos may be taken during this event. This authorization form constitutes permission for my child's participation in the video and/or photos, which may be used for future promotional efforts, including the Parish or Diocese of Joliet website. Additionally, this form constitutes permission to participate in virtual platforms such as Zoom, Google, Seesaw, Flocknote, etc. for the purpose of programmatic content.

Emergency Contact - In case of Emergency, contact:

Name & Relation: _____

Phone: _____

Teen Signature: _____ Date _____

Parent Signature: _____ Date _____