

Office for Youth – The Diocese of Birmingham

The Cross Retreat October 4-6, 2019

More information at www.crossretreat.net



Normal Registration Closes on September 25 – Call for Late Registration Possibilities

Camp Tekakwitha, 8500 Deer Haven Rd, Springville AL 35146

When is the Retreat? Check-In Friday is between 6:00 and 9:00 PM – **Please do not arrive prior to 6:00 PM.** If you must later than 9:00 PM, get permission from the diocesan youth director (205-838-8301) before you sign-up for the retreat.

4 Meals provided: Saturday breakfast through Sunday breakfast. CROSS ends with the closing Mass on Sunday. The closing Mass begins at 11:15 AM. Family and friends are invited to join us for Sunday's closing Mass. Guests should not arrive before 11:00 AM. Visitors before 11:00 am should remain outside the building. Anyone who wants to visit the retreat at a different time needs advance permission.

Cost: \$40 per person. Make checks payable to the Office for Youth. We have a limited number of confidential scholarships available. Also, most parishes are willing to give financial assistance. Scholarship applications are available at www.crossretreat.net.

➤ **Registration:** Space is limited. Do not wait to send your form, do it now to ensure your space.

➤ **All fees are non-refundable after September 25, 2019**

Who May Attend? Participants must be of high school age (grades 9-12). Please do not attempt to send younger people.

The Purpose of the Cross Retreat

1. To help teens increase their knowledge of Jesus Christ and the Catholic Church.
2. To give a positive experience of the Church.
3. To offer an opportunity to meet new friends and have fun.
4. To give adult participants an experience of Catholic Youth Retreats.

The CROSS Retreat is planned and conducted **by** teenagers under the supervision of the Office for Youth of the Diocese of Birmingham.

➤ **Chaperones** Any parish sending four or more young people to CROSS should provide (and pay for) at least one qualified chaperone. Parish groups of more than nine should provide the number of qualified chaperones as called for in the diocesan Code of Conduct. All chaperones must have completed Youth Protection 1, have a current background check on file and be approved for service with youth by his or her pastor. Please contact us right away if you want to come but think there will be a problem finding chaperones.

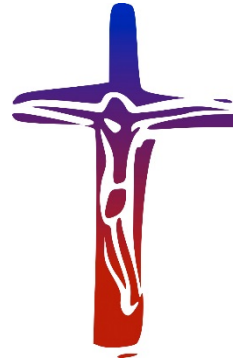
What should a young person know before going to CROSS?

- 1) The retreat is in a rustic environment. It is more like camping than staying in a hotel.
- 2) The food is good and servings are generous but don't expect gourmet.

PLEASE NOTE: The cost for this retreat is \$40 per person. The March 6-8, 2020 retreat will be at Springville Camp and will cost \$70 per person. We are doing this because we rent Springville and that adds substantially to the expense of the retreat.

Space is limited – Register early – Normal registration closes on Sept 25th or when the retreat is full
www.crossretreat.net

- 3) You will be expected to fully participate in every part of the weekend. This includes getting up on time and being on time at activities.
- 4) There is a curfew, so don't expect to stay up all night.
- 5) Bring casual, outdoor type clothes but leave home anything that might be offensive at a church event. Open toe shoes should be avoided. Bring flip-flops for shower use **only**.
- 6) If you come to the retreat with an open mind, you'll make new friends and have a great time.



Must participants be Catholic? Young people of all faiths are welcome; however, CROSS is a Catholic retreat. All participants are expected to participate in all aspects of the weekend, including Mass.

What about transportation? Transportation is not provided. Carpooling with a teenager behind the wheel is strongly discouraged. All drivers under age 21 will be required to turn in car keys.

Should a teen be forced to attend the retreat? In most cases the answer is "no." Use your judgment in this regard, but you need to know that we will not put up with young people who refuse to fully participate or become disruptive.

When young people are uncooperative or disruptive we will call parents and they will need to come to the camp and take the child home. If you choose to force your teenager to attend the retreat please be prepared for the possibility of his or her removal. We do our best to help each young person have a good experience, but sometimes the situation is beyond us.

Check payable and mail to:
Office for Youth
 PO Box 12047
 Birmingham AL 35202
 (205) 838-8301

What to Bring

- Casual clothing suitable for outdoor wear
- Pillow
- Sleeping bag or blankets
- Personal toiletry items
- Appropriate shoes for active outdoor wear - No open toe shoes (except for shower wear)
- Towel
- SWIMSUIT and extra towel (If the pool is warm enough, we will have a chance to swim in Tekakwitha's big beautiful pool)
- Jacket
- Raincoat
- Your favorite snack to share. All snacks are to be brought to the meeting room snack bar so they can be shared with the whole group.

Do Not Bring

- Clothing with inappropriate or rude graphics or words
- Radios, cell phones, CD players, TVs or electronic games, iPods, computers or similar devices
- Firearms, fireworks, knives or weapons of any kind
- Anything else that could distract you from the retreat atmosphere
- We cannot be responsible for valuables, so leave them at home



- Is your parish new to the CROSS Retreat?
- Will you have problems getting enough chaperones?



- Are you concerned about the cost?
- Do you, your parents or your youth leader have questions?

Please call or e-mail the Office for Youth if you have questions or concerns. Many times, we can help clear up roadblocks to participation – if you just ask – AND do so in advance. You can reach us at (205) 838-8301 or YouthMinistry@BhmDiocese.org.

Directions to Camp Tekakwitha

I-59 Southbound (from Gadsden)

Take Springville Exit 154 (there is a McDonalds at this exit). Go past the McDonalds and continue through a four-way stop.

In less than a mile, turn left onto Village Spring Rd. Village Spring Rd. becomes Clayton Rd. when you enter Jefferson County.

Travel about 5 miles, then turn right onto Zuber Rd. (This turn comes up rather quickly. If you get to Lowe Rd., you have gone too far)

At the end of Zuber Rd. turn right onto Deer Haven Rd. The camp is at the end of the road.

I-59 Northbound (From Birmingham)

Take Deerfoot Pkwy. Exit 143.

Turn right towards Clay.

Travel approximately 2 miles, then turn right onto Trussville-Clay Rd.

At the end of the road, turn right onto Old Springville Rd.

Travel about 2 miles on Old Springville -Turn left onto Clayton Rd. (A very large rock house is at this turn).

After about 2 miles turn left onto Zuber Rd. (This turn is easy to miss, it is at the end of small bridge).

At the end of Zuber Rd., turn right onto Deer Haven Rd. The camp is at the end of the road.

Call 205-335-2926 if you need assistance

The CROSS Retreat

Registration and Consent - Page 1

October 4-6, 2019

A Retreat for High School Age Youth (grades 9-12 only)

- Check-In on Friday between 6 and 9 PM
- Check-Out on Sunday at approximately 12:45 PM
- Retreat Fee: \$40 per person (Non-refundable after September 27, 2018) – Scholarships may be available
- Location: Camp Tekakwitha, 8500 Deer Haven Rd, Springville AL 35146
- Transportation is not provided
- Information Contact: The Office for Youth (205) 838-8301 or YouthMinistry@bhmdiocese.org
- See attached notes and www.CROSSretreat.net for details

-- ALL Participants must plan to stay for the entire weekend –

Please print all information – Complete both pages

First Name: _____ Last Name: _____

Parish: _____ City Where Parish is Located: _____

Date of Birth: _____ Male Female Grade: _____ (must be in grades 9-12)

Parent/Guardian's Name _____

E-mail address (optional) _____

Address: _____

City _____ State _____ Zip Code _____

Parent Phone(s) with area code: _____

I grant permission for my child herein named to participate in the event described above.

I agree on behalf of myself, my child (named herein), our heirs, successors, and assigns to hold harmless and defend the Diocese of Birmingham in Alabama, its Bishop, Parishes, Employees and Volunteers from any liability for illness, injury or death arising from or in connection to my child's attendance at the event described above.

To the best of my knowledge, my child (named herein) is in good health, I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child for emergency treatment. I wish to be advised prior to any treatment by a hospital, clinic or doctor. ***I have noted all health/diet concerns on page 2 of this form.***

As parent/legal guardian, I remain legally responsible for any actions taken by my child (named herein). My child will conduct himself/herself in a proper and respectful manner. I understand that failure to abide by standard codes of conduct will cause my child to be dismissed from the above named event. I agree that if my child is dismissed from the event I will travel (or send an adult designee) at my expense to the event location and retrieve my child.

Yes No **Media Permission** I give my permission for my child (named herein) to be photographed and/or recorded at the event described herein and understand that media produced may be used to advertise or promote future events:

Complete both pages of this form

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Registration and Consent - Page 2

Participant Name: _____

MEDICAL INFORMATION

Family Physician: _____ Phone: _____

Family Health Plan Carrier: _____

Policy/Contract Number: _____ Phone: _____

Name of Policy Holder: _____

My child is taking medication at present. He or She will bring all medications necessary, and such medications will be well labeled. Names of medications and instructions: _____

Optional Instruction (Check if "yes")
Do not give non-prescription medication of any kind to my child without my express permission.
Exceptions: _____

Allergic Reactions (medications, foods, plants, insects, etc.) _____

Date of Last tetanus shot: _____

Special Dietary Concerns: _____

-- Note: The parent or guardian must provide any special foods required by the child.

Physical Limitations: _____

Special medical or psychological conditions of my child:

-- Any other information you wish to give us--

Alternate Emergency Contact: _____ Phone: _____

Print Parent Name _____

Signature of Parent/Guardian: _____ *Date:* _____

**Complete both pages of this form. Make Check Payable and Mail to:
The Office for Youth
PO Box 12047
Birmingham, AL 35202-2047**