



# Winter Trip Information Packet!



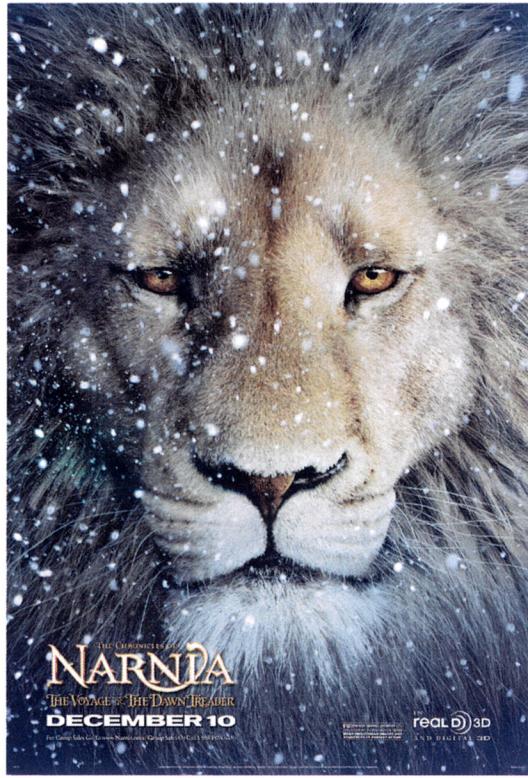
## THIS PACKET INCLUDES

- “The Chronicles of Narnia: The Dawn Treader” movie on opening night! ( Date December 10th, Cost: \$11 for ticket, you transport yourself!, Due by: December 10th)
- The March for Life (Date: January 24th, cost \$5, due by December 18th)
- Mount 2000 Retreat (Date: February 11th—13th, cost \$65, due December 30th)
- Steubenville 2011 Retreat (Date: July 8th—10th, Deposit of \$75 due Jan. 3rd)

Makes a GREAT Christmas Present :)

ARE YOU MISSING NARNIA YET? Then it's time to...

# Return to NARNIA



This Friday, December 10th, the 3rd Narnia movie hits theaters and SPY is going to be there opening night! In this installment, Edmund and Susan are called back to Narnia to aide Caspian, now king of Narnia, to find Aslan's country by sailing east into unknown waters. They encounter strange lands, dangerous animals which leads to an exciting ending! Are you ready to go back to Narnia?

TM & © 2010 Twentieth Century Fox Film Corporation and Walden Media, LLC. All Rights Reserved. Not for sale or duplication.

**HOW THIS WILL WORK:** Everyone is responsible for transportation to the theater, your ticket and any food you want. We will be going to see the 8:20 pm showing on Friday, December 10th at the Regal 16 Cinemas. We will be meeting right by the Fandango ticket dispensers to the immediate left as you walk in the door at 7:45 pm to find a seat/buy tickets. You are encouraged to buy your ticket online first @ [fandango.com](http://fandango.com) to save time and your seat! The movie will be over no later than 10:45 pm.

**MAKE SURE TO BRING THE LIABILITY FORM ON THE OTHER SIDE AND WEAR YOUR NARNIA SHIRT WHEN YOU COME!**

**ST PETER THE APOSTLE CATHOLIC CHURCH PERMISSION FORM AND RELEASE**

Youth Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other number where Parent can be reached: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ (please circle)

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany the youth ministry/campus ministry group of their parish/school to: **the Regal 16 Cinemas in Frederick, MD to watch "The Voyage of the Dawn Treader" EVERYONE IS RESPONSIBLE FOR THEIR OWN TRANSPORTATION, TICKET AND FOOD.**

I/we acknowledge receipt of the enclosed information describing the planned activities: Watching the 8:20 pm Showing of the movie. The movie will be over no later than 10:45 pm.

In consideration of the opportunity for my son/daughter to participate in the Program, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY St. Peter's Roman Catholic Church in Libertytown Maryland, the Division of Youth & Young Adult Ministry, the Roman Catholic Bishop of Baltimore and his successors, a Corporate Sole, and all their agents, servants and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter's participation in the program.

I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

(Check one of the following):

- I am covered by hospitalization and medical insurance under policy # \_\_\_\_\_ issued by \_\_\_\_\_  
\_\_\_\_\_.
- I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter drugs to my son/daughter if requested by my son/daughter (Check all that apply):

Tylenol  Benadryl  Advil  Sudafed  Midol  Kaopectate  Neosporin  Pepto Bismol

ADD any other medical information concerning medication, allergies, illness, etc. \_\_\_\_\_

ADD any dietary restrictions: \_\_\_\_\_

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Division in writing. Please note that the Division has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

DYYAM 5-20-2010

\_\_\_\_\_  
Child's Name



# **March 4 Life 2011**

## **January 24th**

### **Cost: \$5**

# **Register By: December 19th!**

Ever wanted to go to the March for Life? Now's your chance! This year SPY LIFE TEEN is going! First, come to our Pro-Life life night the night before (Sunday, January 23rd). After Youth Ministry, we are going to spend the night at St. Peter's! Then, early the next morning we are going to board a school bus and head to D.C. where our first stop is going to be the Verizon Center for a totally awesome youth rally featuring amazing Christian artists, confession, Mass and more! After the rally, we will march to Congress to show our support for overturning Roe v. Wade! It's an event you don't want to miss!

---

**March 4 Life 2011**

NAME \_\_\_\_\_

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

PHONE NUMBER \_\_\_\_\_

GRADE: \_\_\_\_\_

**ST PETER THE APOSTLE CATHOLIC CHURCH PERMISSION FORM AND RELEASE**

Youth Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other number where Parent can be reached: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ (please circle)

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany the youth ministry/campus ministry group of their parish/school to: **the March for Life in Washington D.C. from January 23<sup>rd</sup> – 24<sup>th</sup>**

I/we acknowledge receipt of the enclosed information describing the planned activities: Spending the night at a Lock-In at St. Peter's the night before, attending the Youth Rally at the Verizon Center, Marching in the March for Life procession to the capital building.

In consideration of the opportunity for my son/daughter to participate in the Program, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY St. Peter's Roman Catholic Church in Libertytown Maryland, the Division of Youth & Young Adult Ministry, the Roman Catholic Bishop of Baltimore and his successors, a Corporate Sole, and all their agents, servants and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter's participation in the program.

I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

(Check one of the following:)

- I am covered by hospitalization and medical insurance under policy # \_\_\_\_\_ issued by \_\_\_\_\_  
  
 I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter drugs to my son/daughter if requested by my son/daughter (Check all that apply:)

Tylenol  Benadryl  Advil  Sudafed  Midol  Kaopectate  Neosporin  Pepto Bismol

ADD any other medical information concerning medication, allergies, illness, etc. \_\_\_\_\_

ADD any dietary restrictions: \_\_\_\_\_

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Division in writing. Please note that the Division has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Child's Name



# MOUNT 2000!

**WHEN:** February 11th –13th

**WHERE:** Mount Saint Mary's University

**COST:** \$65 (includes bus, meals, lodging, tee shirt and retreat fee)

**REGISTRATION DEADLINE?:** December 30th!

MOUNT 2000 has everything you want from a big retreat with the cost of a small retreat! It features big name bands and speakers. There's plenty of time in the weekend for you to go to Adoration multiple times, experience the Lord's mercy in Confession and attend Mass. Plus, there's a great guys/girls wrap session you will not want to miss!

Please note that the registration deadline is the date we have to mail the paperwork into the Mount! We cannot accept any late registrations! Also, if for some reason the retreat is cancelled due to snow again this year, the Mount has promised to give us a full refund!

PLEASE TURN IN YOUR ST.PETER'S PAPERWORK, THE MOUNT PAPERWORK and YOUR CHECK AT THE SAME TIME!

---

# MOUNT 2000!

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

GRADE: \_\_\_\_\_

**ST PETER THE APOSTLE CATHOLIC CHURCH PERMISSION FORM AND RELEASE**

Youth Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other number where Parent can be reached: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ (please circle)

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany the youth ministry/campus ministry group of their parish/school to: **Mount 2000 at Mount Saint Mary's University on February 11<sup>th</sup> – 13<sup>th</sup> 2011**

I/we acknowledge receipt of the enclosed information describing the planned activities: keynote talks, breakout sessions, live music, small groups, Mass, Confession, Adoration, skits and group free time.

In consideration of the opportunity for my son/daughter to participate in the Program, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY St. Peter's Roman Catholic Church in Libertytown Maryland, the Division of Youth & Young Adult Ministry, the Roman Catholic Bishop of Baltimore and his successors, a Corporate Sole, and all their agents, servants and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter's participation in the program.

I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

(Check one of the following:)

- I am covered by hospitalization and medical insurance under policy # \_\_\_\_\_ issued by \_\_\_\_\_  
\_\_\_\_\_.
- I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter drugs to my son/daughter if requested by my son/daughter (Check all that apply:)

Tylenol  Benadryl  Advil  Sudafed  Midol  Kaopectate  Neosporin  Pepto Bismol

ADD any other medical information concerning medication, allergies, illness, etc. \_\_\_\_\_

ADD any dietary restrictions: \_\_\_\_\_

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Division in writing. Please note that the Division has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Child's Name



# mount2011

## REGISTRATION FORM

COMPLETE FORM (FRONT AND BACK)

Registration Fee: \$55 per participant. If registration fee is not included with registration form, this registration will not be processed. **ALL REGISTRATIONS FORMS MUST BE ACCOMPANIED BY A RESPECTIVE GROUP REGISTRATION FORM FOR YOUR GROUP.** There are NO refunds. **Both a Registration Form and a Liability Release Form must be completed by each person attending.** Please make additional copies and distribute them to interested attendees, or download additional copies from [www.mount2000.com](http://www.mount2000.com).

**PLEASE PRINT NEATLY AND COMPLETE THE LIABILITY FORM ON THE REVERSE SIDE  
NO REGISTRATIONS WILL BE ACCEPTED AFTER JANUARY 4, 2011**

**CHECK APPROPRIATE BOX AND COMPLETE THE ENTIRE FORM FRONT AND BACK**

I AM A CURRENT HIGH SCHOOL

I AM A COLLEGE-AGE PARTICIPANT (18-21 YEARS OLD)

I AM A CHAPERONE (21 YEARS OLD OR OVER)

We are excited that you are coming. Be sure to fill out your registration, front and back, and we will see you in February. In the meantime, keep praying for a great outpouring of the Holy Spirit at Mount 2000. We will be praying for you.

We are excited that you are continuing to foster your relationship with Jesus Christ. Just a reminder: every Mount 2000 attendee 18 years or older must have documentation from his/her Diocesan Office of Child and Youth Protection stating that he/she has received safe environment training and a background check as defined in the Charter for the Protection of Children and Youth. Those needing housing or those over 18 who don't have certification please contact us via our website, [www.mount2000.com](http://www.mount2000.com), and we will try to assist you.

Thanks for being willing to help our youth grow closer to Jesus Christ. Every Mount 2000 attendee 18 years or older must have documentation from his/her Diocesan Office of Child and Youth Protection stating that he/she has received safe environment training and a background check as defined in the Charter for the Protection of Children and Youth. **YOU CANNOT ATTEND MOUNT 2000 WITHOUT THIS PAPERWORK ON FILE WITH US BY JANUARY 4, 2011.**

Parish/Group Name and City \_\_\_\_\_ (Arch)Diocese: \_\_\_\_\_

Group Leader Name \_\_\_\_\_

Attendee First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Age (Check One):      Younger than 18   
High school (9-12) 14 or older       Age 18-21       Over 21

T-Shirt Size (circle):      XXL      XL      L      M      S      Sex: Male       Female

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

In case of emergency, please contact: Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (Home) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ (Cell) \_\_\_\_\_

Allergies or Medical Conditions (briefly describe): \_\_\_\_\_

Current Medications (please list): \_\_\_\_\_

Medical History (briefly describe): \_\_\_\_\_

**IMPORTANT NOTE:** Mount 2000 is first-come first-served basis. Due to Local fire code regulations, we can only accept 1,600 participants. Registration will close on Jan. 4 2011. Once we have received the forms and payment by check, then that group is registered for the retreat (if all forms are not received, then the registration cannot be re processed or completed). Also, if you are under 18 years old, you must register with a group. No chaperone means no registration. Please e-mail with questions via the link on our website. No registrations are accepted by phone or online. Additional forms can be downloaded from the Mount 2000 Web site, [www.mount2000.com](http://www.mount2000.com)

**SPECIAL NEEDS:** If you have special dietary, medical or other needs, please let us know prior to the retreat by e-mailing us via the Web site: [www.mount2000.com](http://www.mount2000.com)

**MEALS:** Mount 2000 will provide participants with five meals: Friday dinner through Sunday Breakfast, plus a snack bag for the trip home after the retreat concludes Sunday morning. Any special diet need to be coordinated by Group Leader.

**HOUSING:** Men and women will sleep in separate gyms. Please bring a pillow and sleeping bag (roll pad is optional) Check the Mount 2000 Web site for alternative and further housing information. Note: Air mattresses are not allowed.

**CHAPERONES:** One adult chaperone, Approved by the (Arch) Diocesan Child Protection Policy is required for every six people of the same gender. If a group of 6 has both male and female, there must be an approved male and female chaperone. Chaperones must remain with youth at all times. Chaperones must also complete the registration/liability forms. Chaperones are responsible for the discipline and organization of the participants. Please see the chaperone policy included in the registration packet.



The undersigned do hereby release, forever and agree to hold harmless Mount 2000 including Mt St. Mary's University and Seminary, from and against any and all liability, death, or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or participant (if said participant is under 18 years of age or over the age of 18).

Furthermore, the undersigned agree to indemnify and hold Mount 2000 and its respective members, seminarians, students, directors, employees and agents (collectively the "Indemnities") harmless from and against any and all claims, demands, actions, lawsuits and liabilities, including attorney fees and expenses sustained by the Indemnities as a result of negligent, willful or intentional acts of the undersigned and/or participant (If said participant is under 18 years of age or over the age of 18).

If the participant is under 18 years of age: I (We), the parent(s) or legal guardian(s) of the participant, do hereby grant permission for our child to participate fully in Mount 2000 and all of its activities and hereby give permission to Mount 2000, Mount St. Mary's University, its employees or agents to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery. I (We), the parent(s) or legal guardian(s) fully and completely assume all responsibility for all medical bills of said participant. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary actions or otherwise, I (We) assume all responsibility and transportation costs.

**NOTE: ALL PARTICIPANTS ALONG WITH THEIR PARENTS/GUARDIANS MUST SIGN THIS FORM**

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

(IF UNDER 18, A PARENT OR LEGAL GUARDIAN MUST ALSO PRINT AND SIGN BELOW)

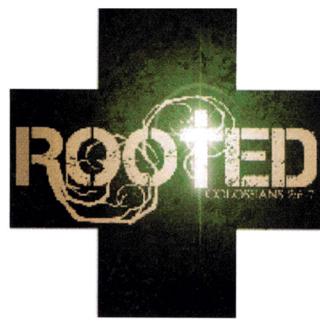
Parent/Legal Guardian Printed Name \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail completed form and payment to:

**Mount 2000  
c/o Mt St. Mary's Seminary  
16300 Old Emmitsburg Rd  
Emmitsburg, MD 21727-7797**

# Steubenville 2011!



Steubenville is a high powered youth conference held in the summer time that hosts around 2,000 students every session! Each conference is held in Steubenville, OH . It has many wonderful features such as:

- Amazing music by Bob Rice
- keynote talks from big name speakers such as Matt Smith, Deacon Ralph Poyo, Bob Lesnefsky, Tricia Tembreull just to name a few!
- A huge Eucharistic Adoration with a Eucharistic procession and benediction
- Breakout sessions on topics that really matter to you!
- An awesome 6 hour bus ride via charter bus to get there
- Mass
- Confession offered by priests all over the US

**HOW SIGN UPS WORK:** We are shooting to go to Steubenville the weekend of July 8th –10th. We will not have a date locked in until the 2nd week in January. The total cost of this trip is \$235 which includes the conference fee, transportation, lodging, food and a tee shirt! To register, we are asking for a refundable deposit of \$75 no later than January 3rd, 2011! After January 3rd, you will get a letter outlining when other payments are due (you will have until May to complete the payments)

---

Steubenville 2011!

NAME \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

TEE SHIRT SIZE \_\_\_\_\_