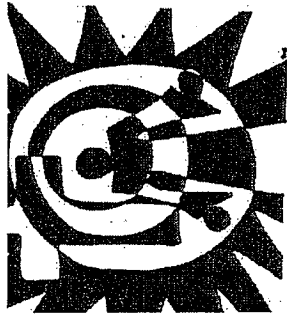


Quest is designed to aid maturing young Christians between the ages of 14 and 16, usually Freshmen and Sophomores in High School. It is woven around the theme of:

Three Circles of Love

- ❖ Love of Self
- ❖ Love of Others
- ❖ Love of God



Special Note

It is important that participants not be forced to attend weekends to fulfill some retreat requirement but given some choices for a retreat. The retreat educates, inspires and motivates participants to grow in their faith, but the ultimate decision should be left to the participants.

Upcoming Events

Food Fast Retreat

For 9-12 graders

Lynch: February 20 -21, 2010

Contact: Sarah Fanta 52942 869 Rd.,
Creighton, NE 68729-2878 (402) 358-3680
Email: czech4food@gpcom.net

J. C. Camp

For Incoming Freshmen

June 3 - 6, 2010

June 17 - 20, 2010

Tintern Retreat and Resource Center --
Oakdale, NE

Quest

For Freshmen and Sophomores

October, 2010

Niobrara Valley House of Renewal - Lynch

November, 2010

St. Mary's Parish Hall - Osmond, NE

TEC

For 2nd Semester Juniors to Age 23

March 20 - 22, 2010 @

Crofton & Omaha, NE

July 10 - 12, 2010 @ Tintern

For TEC Applications call (402) 395-6964

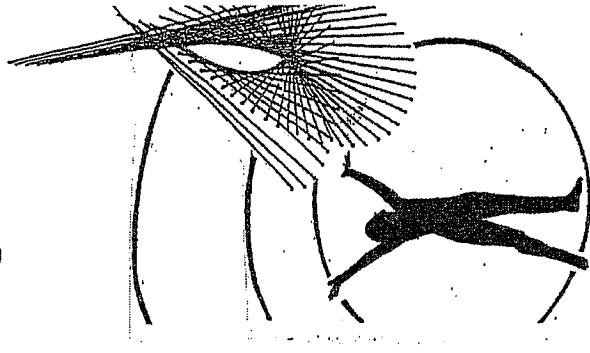
Or Virgil Tworek Hofstetter (402) 270-2162

March 20 & 21, 2010
At Tintern

Quest

A Christian
Experience

For
High School
Freshmen and
Sophomores

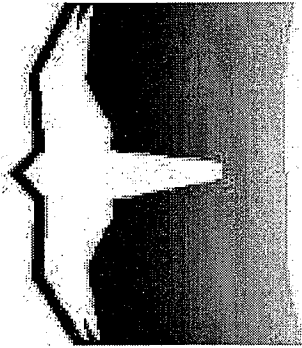


Sponsored by:

St. Isidore, St. Bonaventure, St. Anthony
Parishes of Columbus, Nebraska

Quest

Come, Join in the Experience



Quest brings young people together, to meet them where they are, and to invite them to "Search For" and "Seek Out" a deeper understanding and appreciation of themselves, others and their God. It is a journey, challenge, adventure, and hopefully, a discovery.

Quest is given by a team of youth and adults. It is an exciting mixture of fun and faith in a climate where they can learn and thrive in their Christian faith. *Trust, Honesty, Forgiveness, Acceptance, and Understanding* are values that are stressed throughout the weekend.

Spiritual Director: Fr. Andrew Roza

What to bring and where to go?

Clothes: Casual, but appropriate for a Christian environment

When: March 20 and 21, 2010
Begins Saturday 9:00 a.m.
Ends Sunday about 2:00 p.m.

Where: Tintern Retreat & Resource Center
Oakdale, NE

Cost: \$40 (\$10 non-refundable fee)

Apply: Send Forms and check payable to:

Quest
% Gene Schumacher
2006 28th Street
Columbus, NE 68601

FORMS NEEDED: Application, Parental Consent, Code of Behavior, Medical Matters Forms available by email:

Email: gcschum@megavision.com
Phone: 402-564-0258 (evening)
402-276-1476 (cell)

Note: Quest adheres to the State Statutes regarding smoking, therefore no smoking is allowed by anyone under the age of 18.

Quest Application

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Sex: M F

Youth's Email: _____

T-Shirt Size: S M L XL

Parish: _____

School: _____

Age: _____ Grade: _____

Graduation Year: _____

Parent/Guardian Name: _____

Parent's Phone/Cell: _____

Parent's Email: _____

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____

Quest

APPLICATION

March 20 & 21, 2010
Tintern Retreat Center

NAME: _____

ADDRESS: _____

YOUTH'S E-MAIL: _____ YOUTH'S PHONE: _____

AGE: _____ GRADE: _____ SEX: M F

MEMBER OF _____ PARISH

ATTEND SCHOOL AT: _____

GRADUATION YEAR: _____ T-SHIRT SIZE: S M L XL

LIST SCHOOL/PARISH ACTIVITIES: _____

PARENT(S)/GUARDIAN(S): _____

PARENT'S EMAIL: _____ OR _____

PARENT'S PHONE: _____ PARENT'S CELL: _____

Communication will be by email unless otherwise notified so please check it often.

COST: \$40 (\$10 nonrefundable fee) Make checks payable to Quest.

PAYMENT, PARENTAL CONSENT FORM, MEDICAL MATTERS FORM AND CODE OF BEHAVIOR MUST ACCOMPANY THIS APPLICATION.

Return completed applications, payment, parental consent and medical matters form to:

Gene Schumacher

2006 - 28th Street

Columbus, NE 68601

or

Scotus Office

OFFICE USE

Date application, forms and deposit received: _____

Consent and Liability Waiver

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Youth Participant's Name: _____

Birthdate: _____ Sex: _____

Parent/Guardian's Name: _____ Email: _____

Home address: _____
Street City Zip

Home phone: _____ Business phone: _____ Cell: _____

I, _____, grant permission for my youth, _____,
Parent or guardian's name Youth's name

to participate in this Archdiocesan youth ministry event that is located away from the parish site. This activity will involve a retreat at the Tintern Retreat Center, near Oakdale, NE and will take place under the guidance and direction of volunteers from various parishes.

A brief description of the event follows:

Name of Event: Quest

Purpose of Event: Youth Retreat

Location: Tintern Retreat Center, Oakdale, NE

Date and Time of event: March 20 & 21, 2010

Transportation: Parent arranged.

As parent and/or guardian, I remain legally responsible for any personal actions taken by the above named minor ("Participant").

I agree on behalf of myself, my child named herein, or heirs, successors, and assigns, to release and hold harmless and defend the three Columbus parishes, St. Bonaventure, St. Isidore and St. Anthony ("Columbus Parishes"), their officers, directors and agents, the Archdiocese of Omaha, and all chaperons, coordinators, directors, volunteers, aides or representatives associated with the event, arising from or in connection with my child attending the event, or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the "Columbus Parishes", their officers, directors and agents, the Archdiocese of Omaha, and all chaperons, coordinators, directors, volunteers, aides or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ Date: _____

Medical Matters

Youth Participant Name: _____

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. **(Of the following statements pertaining to medical matters, sign only those that are applicable.)**

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Parent(s) Name: _____ Phone: _____

Alternate Phone: _____ Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____

Phone: _____

Signature: _____ Date: _____

Other Medical Treatment: (In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Archdiocese of Omaha, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reverse to myself),

Signature: _____ Date: _____

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:

Signature: _____ Date: _____

Sign >a= or >b=, not both

a) No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

b) I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish/school/Archdiocese will take reasonable care to see that the following information will be held in confidence.

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

Immunizations:

Date of last tetanus/diphtheria immunization: _____

Does the child have a medically prescribed diet? _____

Any physical limitations? _____

Is the child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting? _____

Has the child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child:

—

Quest Youth Code of Behavior

We are happy and excited that you are joining us as part of **Quest**. The *Code of Behavior* has been developed as a way of helping participants understand what is expected of them during the event, and of making the learning experience a healthy and growthful one for all involved. Please read through the *Code* carefully, as you will be expected to honor and uphold it throughout your time with us.

- As necessary as rules are to maintain order, they can't and won't guarantee a successful event experience. Success depends on people's willingness to work together for the common good.
- Participants take part in **Quest** as part of a parish or school team. The families of participants assume responsibility for any damage done to the rooms and housing facilities.
- While participating in **Quest** we ask that you do not invite friends who are not part of the retreat to come and visit you.
- Participants are expected to attend all sessions and activities while at the retreat. Participants are not allowed to leave the retreat facilities. Name badges should be worn during the retreat.
- Dress throughout the **Quest** experience is casual but appropriate for a Christian environment, however shirts and shoes are required in all areas except the dormitories. T-shirts/sweatshirts with alcohol, tobacco or sexual overtones are not acceptable, nor is clothing exposing any part of under garments. Sleepwear is only permitted in the sleep areas. No spaghetti strap tops for girls.
- Socializing should take place only in the designated public area of the housing facility. No visiting is allowed in sleeping areas occupied by the opposite sex without the permission and presence of an adult leader.
- Christian behavior is expected at all times. Respect for individuals, the community and the facilities is required. Teasing, harassment (this includes bullying), sexual jokes, inappropriate displays of affection, and other demeaning behavior are considered inappropriate for this Christian environment.
- Each day will be a busy one-making adequate sleep a necessity. Participants must be in their respective rooms by curfew time. The noise level in the sleeping areas should be kept to a minimum. Scheduled quiet and silent times must be honored.
- **St. Bonaventure, St. Isidore and St. Anthony** adhere to the State Statutes in regards to tobacco products, therefore tobacco products are not allowed by anyone under the age of 18.
- The purchase, possession or consumption of alcohol or drugs by participants will result in immediate dismissal from the program. Major infractions of the Code of Behavior and other inappropriate behavior will meet with the same consequences.

Parent or Guardian: I agree that my child shall abide by the rules and regulations outlined in the **Quest Code of Behavior**, I have reviewed it and discussed the Code with my child prior to signing this form. I agree that if my child fails to consistently abide by the Code or engages in a serious infraction of the Code, he or she may be immediately dismissed from **Quest** and sent home at my expense.

Signature _____ Date _____

Youth Participant: I understand and agree to the **Quest Code of Behavior**, I also understand that my parent(s) or guardian will be notified at the time of any infractions requiring my dismissal from the program and that I will be sent home at my own or their expense. (Your signature must appear below in order to participate in **Quest**.)

Signature: _____ Date: _____