

Coming June 2010!



NET MINISTRIES

# DISCIPLESHIP WEEK 2010



FOR  
CATHOLIC TEENS  
AGES 13-18

## "Put Out Into The Deep" Luke 5:4

# D-Week 2010 "Put Out Into The Deep" (Luke 5:4)

Monday, June 21 – Thursday, June 24, 2010

## *What is Discipleship week?*

Discipleship Week or "D-Week" is four days of great music, excellent talks, praise and worship, Mass, Reconciliation and Adoration, entertainment, fun and fellowship! Basically, its 4 days for God to ignite (or re-ignite) your Faith!

## Where will D-week be?

At the University of Redlands located at  
University St & Sylvan Blvd  
Redlands, CA 92374

Gabriel Reyes is the youth minister in charge of D-Week and his number is... (909) 899.1049 ext. 121

Emergency Contact Zack Hohenberg : ask for number

## How will we get to D-Week?

We will be driving a coach bus to D-Week.

## What should I bring to D-Week?

A good attitude, a Bible, shower supplies, a towel, sleeping bag, pillow, change of clothes for each day and money for three meals. The meals are breakfast and lunch on Monday the 21st and dinner on Thursday the 24<sup>th</sup>.

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## What shouldn't I bring to D-Week?

Bad behavior, drugs, alcohol, ipods or cell phones. St. Joan of Arc is not responsible for any lost or stolen items. If you are misbehaving your parents will be called to come and get you.

## What forms do I have to turn in for D-Week?

D-Week "Registration Form" and a D-Week "Teen Participation Health Form". Make sure they are both turned in by June 15<sup>th</sup>.

## How will I pay for D-Week?

The cost for D-Week is \$315. This pays for the travel to and from D-Week, lodging at the university, meals, a t-shirt and other expenses needed to make a great retreat possible. If you can not pay \$315 payment plans are also available. The payment dates are as follows:

Sunday, May 24<sup>th</sup>, 2010- \$50

Monday, June 7<sup>th</sup>, 2010- \$60

Monday, June 14<sup>th</sup>, 2010- \$70

Monday, June, 21<sup>st</sup>, 2010- \$135

Lack of funds IS NOT a reason to not attend this retreat. Please let Zack know if you need help!

Fundraising- We are selling See's Candies. Ask Zack for a box. Each box raises you \$27. Pay for boxes up front (\$48 per box). We also provide letters to send your friends and family asking for small donations. Ask Zack for letters and envelopes. Both in Spanish and English.

## What else should I do to get ready for D-Week?

The best way to get ready for God to impact our lives is meet Him in the SACRAMENTS AND IN PERSONAL PRAYER! Start by asking and praying for God to meet you at D-Week today and He will be there in a new and great way! It is soooo important that we get our souls ready for God to be with us by going to CONFESSION AND MASS! Make sure you go to confession BEFORE you go to D-Week! Below is the Mass and Confession time at St. Joan of Arc.

**Sunday Mass: Saturday - 4:30pm English, 6:30 Spanish; Sunday 8:30, 10:30 English, 12:30 Spanish**

**Daily Mass**

**Monday through Saturday 8:30am , Mon and Wed 6pm**

**Confession:**

30 minutes before each weekday mass

Sincerely in Christ,  
Zack Hohenberg  
St. Joan of Arc Coordinator of Youth Evangelization

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## Discipleship Week 2010

Participant's Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Parents Email: \_\_\_\_\_  
I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_  
(PARENT OR GUARDIAN'S NAME) (CHILD'S NAME)

to participate in the *Discipleship Week Retreat* in Redlands, CA. This activity will take place under the guidance and direction of Discipleship Week volunteers. St. Joan of Arc Staff and volunteers will be supervising as we travel to and from Redlands University in Redlands, CA.

As parent and/or legal 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 our heirs, successors, and assigns, to hold harmless, and defend St. Joan of Arc Roman Catholic Church, its officers, directors, employees and agents, and the Diocese of Phoenix, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Phoenix, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese. Further, I give permission to have photos taken of my child for purpose of parish use.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### St. Joan of Arc Roman Catholic Parish Phoenix, Diocese of Phoenix

I/we, the parent(s)/guardian(s) of \_\_\_\_\_  
(Name of child)

Request that the parish allow my/our son/daughter to participate in the **Discipleship Week** and ride the bus to the Redland University in Redlands, California on June 21, 2010, Monday at 6:30am and returning Friday around 11:00PM, June 25<sup>th</sup>.

We hereby release and save harmless St. Joan of Arc Roman Catholic Church and any and all of its employees from any and all liability for any and all harm arising to my/our son/daughter as a result of this trip.

#### Details of Trip:

We will meet at 6am Monday, June, 21<sup>st</sup> at St. Joan of Arc and depart by 6:30am. We will arrive at Redlands University by 2pm on Monday, June 21<sup>st</sup> and return Thursday, June 24<sup>th</sup> by 11:30pm. Parents must pick up your child at St. Joan of Arc.

We will be departing by bus from St. Joan of Arc at 6:30AM to the University of Redlands, Redlands, CA. We will arrive at UofR around 1:30PM. D-Week ends at 4pm Thursday, June 24<sup>th</sup>. We will then ride the bus to Balboa Beach where we will sleep in a church hall. We will spend Friday at the beach and depart Friday, June 25<sup>th</sup> at 3:00PM and return to St. Joan of Arc around 11PM, Friday, June 25<sup>th</sup>. You need to pick up your teens. The Youth Coordinator along with CORE members and volunteer chaperones who have taken the Safe Environment requirements will accompany the teens.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

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

Name & Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Medical Treatment:** In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Phoenix, chaperons, 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Allergic reactions (medications, food, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

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

\_\_\_\_\_  
Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition:

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

# NET Ministries Discipleship Week 2010

## Official D-Week Teen Participant Health Form

*(Parents/Guardians: This Form must accompany Registration Form and payment for your son/daughter to be officially registered for D-Week.)*

Name: \_\_\_\_\_ BirthDate: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First M.I. City State Zip code

Parent(s)/Guardians: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City State Zip code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_

**Emergency Contact** *(Designated person to make decisions if parent/guardian is unavailable):*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_

**Health History:** *Check and explain below. If there has been a serious medical occurrence within the last two years, include any recommendations or restrictions suggested by the attending physician.*

<input type="checkbox"/> Asthma	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Diet restrictions
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Heart defect / disease	<input type="checkbox"/> Other restrictions
Month _____	<input type="checkbox"/> Menstrual problems	<input type="checkbox"/> Special concerns
Year _____	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Drug allergy (what)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Orthodontic device	<input type="checkbox"/> Food allergy (what)
<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Strep Throat	<input type="checkbox"/> Insect sting allergy
<input type="checkbox"/> Epilepsy/Seizures	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Poison Ivy allergy
		<input type="checkbox"/> Other allergy

<b>IMMUNIZATIONS:</b> (include year administered)
____ Haemophilus influenza B (hib)
____ MMR
____ DPT
____ Tetanus booster
____ Polio
____ Hepatitis B

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Name of Family Dentist/Orthodontist: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Address: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_  
City State Zip code

**MEDICATIONS:** *If your son/daughter is currently taking prescribed or over-the-counter medication, those medications must be up-to-date and labeled clearly in the original containers with your child's name, the name of the medication, dosage, and administration time(s). Please inform the D-Week Director or staff upon your arrival of these medications. All medications will be kept with the D-Week Director (or a designated adult) and made available at the designated dosage times.*

### **IMPORTANT – PARENT/GUARDIAN MUST SIGN THIS FORM BELOW FOR ATTENDANCE**

This health history is correct so far as I know. The D-Week Host will receive any changes in writing before my son/daughter arrives at D-Week. The person herein described has permission to engage in all prescribed camp activities except as noted.

Authorization for treatment: I hereby give permission to the medical personnel selected by the D-Week Director to order X-rays, routine tests, treatment, and necessary transportation for my son/daughter. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the D-Week Host or designated NET Staff to secure and administer treatment, including hospitalization, for my son/daughter as named above.

Please check (✓) if you give permission for the D-Week Host or designated D-Week Staff to give over the counter medication to your son/daughter (Aspirin, Ibuprofen, Cough Syrup): YES NO

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_