

Quest is designed to aid maturing young Christians between the ages of 14 and 16, usually Freshmen and Sophomores in High School. It is centered 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 Quests at Tintern:

April 6-7, 2024

Sponsored by:
St. Isidore, St. Bonaventure, St. Anthony
Parishes of Columbus, Nebraska

Note: Quest adheres to the Archdiocesan Statues regarding smoking, drugs and alcohol therefore no smoking, drinking or use of drugs will be permitted.

Quest

A Christian
Experience
For
High School
Freshmen and
Sophomores



April 6-7, 2024
at Tintern

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.

What to bring and where to go?

Clothes: Casual, but appropriate for a Christian environment

When: April 6-7, 2024
Begins: Saturday 8:00 a.m.
Ends: Sunday about 2:00 p.m.

Where: Tintern Retreat & Resource Center
Oakdale, NE

Cost: \$50 (\$10 non-refundable fee)

Apply: Forms may be obtained via our Facebook page:
Quest- Northeast NE

OR

By email:

gcschum@megavision.com

Interested Youth
will need the following:

- ❖ Application
- ❖ Parental Consent
- ❖ Medical Matters
- ❖ Code of Behavior
- ❖ \$45 (make checks payable to Quest)

Apply by sending all four completed forms and \$50 to:

Quest
c/o Chelsea Preister
45349 Ann Street
Cornlea, NE 68642



Quest - Northeast Nebraska

QUEST APPLICATION Tintern Retreat Center

Please print clearly.

I AM APPLYING FOR THE QUEST TO BE HELD AT TINTERN ON: **April 6-7, 2024**

NAME: _____

ADDRESS: _____ City/State/Zip: _____

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

AGE: _____ GRADE: _____ SEX: M F

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

ATTEND SCHOOL AT: _____ MEMBER OF _____ PARISH

PARENT(S)/GUARDIAN(S): _____

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

PARENT'S EMAIL: _____

Communication to Parent and Youth will be by email unless otherwise notified so please check it often between now and Quest.

PARENTS: I am willing to help in the kitchen if needed.
 I am willing to be a chaperone in the dorm Saturday night if needed.

Some confidential information will need to be sent to parents. Please list the best way to communicate that information: (check one)

Mail
 Email to the Parent's email above which only parent(s) use.

COST: \$50 (\$10 nonrefundable fee) Make checks payable to Quest.

\$50 PAYMENT, PARENTAL CONSENT FORM, MEDICAL MATTERS FORM AND CODE OF BEHAVIOR MUST ACCOMPANY THIS APPLICATION TO RESERVE SPOT.

Return completed application, parental consent, code of behavior, medical matters & payment to:

Chelsea Preister
45349 Ann St.
Cornlea, NE 68642

OFFICE USE

Date application, forms and deposit received: _____



Quest - Northeast Nebraska

Parental Consent and Liability Waiver

Youth Participant's Name: _____
Birthdate: _____ Sex: _____
Parent/Guardian's Name: _____ Email: _____
Home address: _____
Street City State 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: April 6-7, 2024

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. I know of no physical, medical, mental, emotional or other problem(s) that cause(s) me to believe that my child should not attend this event. Photographs or videos of my child taken during the event may be used in print or electronic media for the purposes of publicity for future events, unless I indicate in writing to the contrary and attach such writing to this form.

Signature: _____ Date: _____



Quest - Northeast Nebraska

Medical Matters

Love of Self Love of Others
 Love of God

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 - Northeast Nebraska

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 meaningful 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 good of all participants.
- 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 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. 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.
- Quest adheres 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: _____