

# Gratia Retreat

July 7-8, 2026

*"Love our Lady. And she will obtain abundant grace to help you conquer in your daily struggle."*

-St. Josemaria Escriva

## Application (Due June 15)

First \_\_\_\_\_ Last \_\_\_\_\_

School \_\_\_\_\_ Grade (for 2026-27 school year) \_\_\_\_\_

Age by Retreat \_\_\_\_\_ Parish \_\_\_\_\_ Town \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail (for information purposes) \_\_\_\_\_

Please put my daughter in a group with (pick a friend): \_\_\_\_\_

### T shirt Size (Circle One)

_____ Youth Size:	S	M	L	
_____ Adult Size:	S	M	L	XL

Please send \$45 along with 3 forms to (Make checks payable to Catholic Parishes in Partnership)

Gratia  
% Chelsea Preister  
45349 Ann Street  
Cornlea, NE 68642

\*Due By June 15, 2026

# Gratia Retreat

July 7-8, 2026

*"Love our Lady. And she will obtain abundant grace to help you conquer in your daily struggle."*

*-St. Josemaria Escriva*

## Health Form

Camper Full Name \_\_\_\_\_

Birth Date: \_\_\_\_\_ Parent/Guardian Name(s): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell \_\_\_\_\_

Doctor's Name and Phone: \_\_\_\_\_ / \_\_\_\_\_

Accidental/Medical Insurance Information:

Insurer's Name \_\_\_\_\_ Policy # \_\_\_\_\_

List allergies to foods, drugs, outdoors, etc. \_\_\_\_\_  
\_\_\_\_\_

List any diagnoses, medical history, or problems that might prevent full participation in camp activities or would be helpful for the Gratia directors to know (e.g. Asthma, sleepwalking, anxiety, panic attacks, etc.) \_\_\_\_\_  
\_\_\_\_\_

Please list all child's medicines including their dosage and directions for administration.  
(Campers will be given by adult.) \_\_\_\_\_  
\_\_\_\_\_

Anything else we should know? \_\_\_\_\_  
\_\_\_\_\_

I authorize Gratia to give my child age-appropriate doses of the following, if needed (please circle):

Tylenol/acetaminophen

Advil/Ibuprofen

Benadryl

Tums

# Gratia Retreat

July 7-8, 2026

*"Love our Lady. And she will obtain abundant grace to help you conquer in your daily struggle."*

*-St. Josemaria Escriva*

## Consent and Liability Form

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: Gratia

Purpose of Event: Youth Retreat

Location: Tintern Retreat Center, Oakdale, NE

Date and Time of event: July 7-8, 2026

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 St. Boniface Parish of Elgin, 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 St. Boniface Parish, 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. Pictures 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: \_\_\_\_\_