



Catholic Youth Office  
2011 West End Ave  
Nashville, TN 37203

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

Parish \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_

Address:

School: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

\_\_\_\_\_

Gender: \_\_\_ MALE \_\_\_ FEMALE

**Urban Plunge**

**2009-2010 Dates (Please circle one)**

November 13-14

December 18-19

January 15-16

February 12-13

Participants on this retreat will be asked to be fully present, respectful and flexible. Only High school students need apply. Keep in mind that while we build relationships with our fellow retreaters, we are all here to be with others in Christ's guiding love. We discourage people from applying who are interested in only hanging out with their friends, forced by their parents, or unwilling to listen to new ideas and perspectives. **CAUTION: This spiritual journey is NOT for everyone, and it might just change your life. Highlights of the trip include community building activities, group sharing, community involvement and seeing your peers and city with brand new vision. The retreat will visit sites like Loaves and Fishes, as well as the Campus for Human Development and other local agencies committed to working alongside the poor. Take the Plunge!**

Please answer the following questions in complete sentences. Your answers will determine your selection in the retreat.

Why participate in an Urban Plunge Retreat? What do you hope to gain from a 24 hour retreat from the ordinary?

In your own words, what is the meaning of service to others? Why are we called to serve others?

What will be your biggest personal challenge in participating in this experiment in Christian living?

## 1. PARENT ENDORSEMENT

I want my daughter/son to participate and understand that full participation in the program is required.

\_\_\_\_\_  
(Signature)

## 2. LOCAL PARISH or SCHOOL ENDORSEMENT

I recommend this person as a participant in Urban Plunge and I will facilitate their sharing of this experience with our larger community.

Signature \_\_\_\_\_

Title \_\_\_\_\_

For more information, contact Kevin Edwards at 615.327.0674 or email at [cyo@bellsouth.net](mailto:cyo@bellsouth.net)  
<http://www.cyonashville.com>

The Urban Plunge Application and Fee of \$10 must be turned in at the same time to our office at 2011 West End Ave, Nashville TN, 37203. No late additions to the retreat will be accepted. Apply Early to the retreat! Make Checks payable to Diocese of Nashville.

## Permission Slip

I, \_\_\_\_\_ parent/guardian request that my child, \_\_\_\_\_ be allowed to participate in the Urban Plunge. The purpose of this activity is immersion in the spirituality of homelessness and poverty in our downtown Nashville communities.

I further give my permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted, while participating in the activities.

In consideration of permitting my child to attend and/or participate, I do hereby, for myself and my child, waive and release any and all claims that I might have against the Diocese of Nashville and any designated driver, for any and all injuries sustained. In the case of any emergency, I understand that every effort will be made to contact the parents or guardians of the child participating in the "retreat."

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

Date \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Home Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Family Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Allergic Reactions: \_\_\_\_\_

Present Medications: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Mail to:

Kevin Edwards

Catholic Youth Office

2011 West End Ave

Nashville, TN 37203 Fax-327-0674

[cyo@bellsouth.net](mailto:cyo@bellsouth.net)