



Challenging Young Catholics to Love Christ  
and Embrace the Life of the Church



Youth in grades 8 - 12

Come Celebrate Mass with Father Jim Livingston  
Saturday, May 6, 2017  
NET Center in West St. Paul

**There will be a \$6.00 Bus fee per student (due with registration form).  
The Knights of Columbus will sponsor any remaining cost of the bus.**

Be at St. Mary's Church in Milaca by 2:45 pm.  
Bus leaves at 3:00 pm and returns around  
12:15 am.

\* Eat before you go and bring a snack for on the bus \*  
There will be no food provided!

<<< You'll need to bring money for >>>

- Suggested \$5.00 Offering, which will be taken during Mass to help support the GREAT Lifeline programs
- Food on the way home (Arby's)

Questions??? St. Mary's Parish Office at 983-3255.

- Permission Slips and payment must be turned in to the St. Mary's or St. Louis Parish office by Thursday, April 28, 2017.

**Saturday, May 6, 2017**

# **Be Filled With The Holy Spirit**

**with Fr. Jim Livingston for Mass**

Have you had the experience of waiting for a gift that you know is coming soon? You're not quite sure what it's going to be, but you're excited. You can't wait. And you're very eager to open that gift!

That's exactly how Mary, the Apostles, and the disciples of Jesus felt when He told them they were to go to Jerusalem and wait for promise of the Father... the gift of the Holy Spirit.

They waited, they prayed, and a few days later, on the day of Pentecost, the gift came.

As we read in the first Book of Acts, they were all filled with the Holy Spirit. It was powerful. Wind, tongues of flame, and other signs and wonders took place in them and around them.

They would never be the same. The Holy Spirit transformed them, empowered them, and sent them to be witnesses to the ends of the Earth (Acts 1:8).

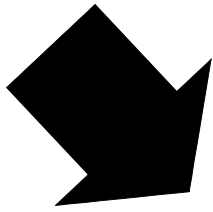
Jesus wants the same thing for you. Jesus wants you to be filled with His Spirit. We are to ask the Holy Spirit to be fully released in our life so that we can be dynamic, holy witnesses of faith to the world around us. We need to be filled by the Holy Spirit!

But how?

With us this month is **Fr. Jim Livingston**

. A priest of the Archdiocese of St. Paul & Minneapolis, Fr. Jim has ministered to thousands of young people through retreats, conferences, and healing Masses. Prepare your hearts for a grace-filled night of praise, worship, and anointed preaching and prayer.

**JOIN US FOR THIS  
POWERFUL NIGHT!**



# NET LIFELINE

**Return this form by Thursday, April 28, 2017!**

**Place it in an envelope marked “lifeline” in the collection at St. Louis or St. Mary’s or drop it off at either parish office.**

**Cost \$6.00**

**In order to assure your spot on the bus,**

**You need to be signed up by Thursday, April 28th.**

**After April 28th Extra bus seats will be offered to other churches.**

## **Parental/Guardian Consent Form and Liability Waiver Requirement of the Diocese of St. Cloud**

Participant’s Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female (circle one)

Parent/Guardian’s name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell/Business phone: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_ to participate in this parish event that requires transportation to a location away from the parish site. Transportation to this activity will take place under the guidance and direction of parish volunteers from St. Mary’s Parish, Milaca, MN, and St. Louis Parish, Foreston, MN.

A brief description of the activity follows:

Type of event:	NET Lifeline
Date:	May 6, 2017
Time:	Begins at 6:00 p.m. - Ends at 9:30 p.m.
Destination:	NET Retreat Center in West St. Paul, MN
Individuals in charge:	Volunteers from St. Louis and St. Mary’s Parishes
Estimated departure time:	<b>3:00 p.m. Saturday, May 6, 2017, from St. Mary's, Milaca</b>
Estimated return:	<b>12:15 a.m. Sunday, May 7, 2017, to St. Mary's, Milaca</b>
Mode of transportation to and from event:	North Central Transportation (school bus)

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor. Appropriate behavior is expected of my child while on this event and I understand if inappropriate behavior occurs, my child will be removed from the activity and I will be called to determine further action. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Mary’s Church of Milaca, MN, and St. Louis Bertrand Church, Foreston, MN, their officers, directors, employees and agents, and the Diocese of St. Cloud, MN, its employees and agents, chaperones, 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 St. Cloud, MN its employees and agents and chaperones, or representatives associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from negligence of the parish/diocese.

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

**MEDICAL MATTERS:** 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 Care Plan Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_

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

**Other Medical Treatment:** In the event it comes to the attention of the chaperones that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges being reversed 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: \_\_\_\_\_

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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: \_\_\_\_\_

**-OR-**

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

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

Listed below are medical concerns for my child regarding this activity: