

# The Info...

## ACTIVITY:

CONFIRMATION PREP RETREAT 09

## DATES:

Friday, Jan 16, 4:30ish to  
Sunday, Jan 18, about 2:30pm

## PLACE:

Bishop Claggett Center -Buckeystown, MD  
-Just south of Frederick.

## COST:

**\$175**—this is our cost for one Confirmation Prep Participant to attend. [Leaders and Sponsors have a different form with a reduced fee.] No one will be turned away due to financial hardship. Partial Scholarships are certainly available!

## SCHOLARSHIP POLICY:

No *one* will be turned away due to financial hardship. As always, Partial Scholarships are available! Just fill out a *Scholarship Form* from the PC Foyer and turn it in with this form.

## REGISTRATION DEADLINE:

-**ASAP!** It helps us to plan when we know who is and how many are attending.  
-**SPONSORS** fill out their own form and *need to note* who “their kid” is.  
-**Leaders and Sponsors have a different form** with a reduced fee.  
\*\*\*We rarely have this retreat close out from being over-full, but that has happened, so

## STAY TUNED...

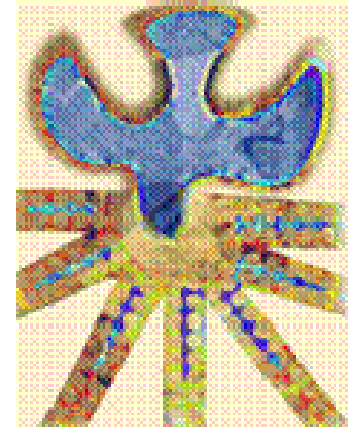
*There will be detailed Information Sheet mailed just 4-6 days before the retreat.*

SIGNATURES REQUIRED ON REVERSE



St. Rose of Lima Parish  
Office of Youth Ministries  
11701 Clopper Road

# Confirmation Prep



CONFIRMATION  
PREP  
RETREAT

PERMISSION  
SLIP  
& WAIVER

Catholic  
Youth  
Ministry



St. Rose of Lima Parish

Phone: 301-948-7545 x224  
Fax: 301-869-2170  
Email [mussell@strose.com](mailto:mussell@strose.com)

## Permission Slip/Signatures

**Parent/Adult Participant:** I, the undersigned, give my permission for the participant noted to attend the activities printed above during the times noted. In consideration of the benefits to be derived, and in view of the fact that St. Rose of Lima, Archdiocese of Washington [AOW] and the Bishop Claggett Center are all religious institutions, membership in which is voluntary, I agree to the participation of my child/myself in the activity named above, and exempt and release the leaders of this activity and the officers, agents, and representatives of St. Rose of Lima Parish & AOW from any and all liability, claims, demands, actions or causes of action whatsoever arising out of any harm, or injury to my child/myself incurred during this activity. I will not hold St. Rose of Lima Parish, it's agents nor the Archdiocese of Washington, chaperones, or representatives associated with the activity responsible in the event of injury.

**Parent:** In the event that I cannot be reached, I hereby grant permission for my son/daughter to be evaluated, diagnosed, treated and/or medicated in accordance with the standard medical practice by licensed medical personnel. In the event that a medical emergency occurs with my child, I grant permission to a St. Rose or Claggett leader to ensure emergency medical treatment for my child if I cannot be contacted. Minor medications (i.e. Tylenol, Advil, Benydril, allergy medications, Imodium, topical ointments, antacids, etc...) may be administered to my child by a St. Rose adult leader. I relieve St. Rose of Lima Parish, it's agents and the Archdiocese of Washington of all responsibility and consequences that may arise as the result of the emergency treatments or administration of minor medications. Furthermore, I agree to accept any and all financial responsibility as a result of scheduling such treatment. My child agrees to abide by all rules and norms. I understand that St. Rose, it's agents and the Archdiocese of Washington will not be held liable if my child fails to cooperate with the rules and safety measures and that any infractions of the rules may result in immediate transportation home. In the event of a medical problem, serious attitudinal issue or an expulsion due to behavior/safety issues, I will be responsible for my child's immediate transportation home at my expense.

Signed: \_\_\_\_\_  
 Parent/Guardian/Adult Participant

**Youth Participant:** I have read this document and understand the many considerations involved. I agree to follow all Rules of St. Rose and the Retreat Center. I understand that significant rule or safety violations will result in my immediate dismissal and/or exclusion from future activities. I understand that our primary purposes are to learn, serve others, build community and grow in faith.

Signed: \_\_\_\_\_  
 Youth Participant

**Please return this completed form TODAY!**

## PARTICIPANT INFORMATION (one form per person please)

*Participant (Youth Form) Leaders and Sponsors have a different form!*

Name		<i>Youth Participants need to be in our Confirmation Prep Program</i>
DOB/Age		<i>SPONSORS are encouraged and welcome to attend.</i>
Grade/adult		
E-Mail:		
Cell/Beeper:		<i>We will need adult drivers to transport us to the Retreat Center. *Please indicate here how many you can help drive=&gt; *Can you volunteer to help with some admin tasks?</i>
Medical Info:		

Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## INSURANCE INFORMATION (we CANNOT process your form or let you go on retreat w/o this info!)

Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_  
 Insurance Address: \_\_\_\_\_ Insurance Phone: \_\_\_\_\_

## EMERGENCY CONTACTS

	Parent	Other Contact #1	Other Contact #2
Name:			
AM Phone:			
PM Phone:			
Other Phone:			

**Time. Take some time, just for you. Share with a new friend.  
 Take a quiet walk through a field or in the trees. Be alone with God.  
 Spend time laughing with others... Take time... Just 'be'.**

**This Retreat is just for you! We will learn, yes, but we will also experience Christ and each other in ways you cannot expect or imagine- don't miss this!  
 We hope to make this retreat one of the most incredible & wonderful experi-**

For Office Use	DATE ENTERED:	PAYMENT:	AMOUNT:	SCHOLARSHIP:
ID#		CASH/CHECK #	\$	_____ PARTIAL Approved: