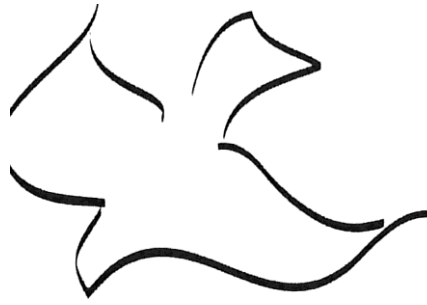


ST. PATRICK'S CONFIRMATION RETREAT 2018



WHERE: *St. Mary's Catholic Church- Taylor*

WHEN: *April 7th and 8th*

Saturday 8 a.m. - 9 p.m.

Sunday 8 a.m. - 1 p.m.

DEADLINE: Forms are due no later than March 5, 2018

COST: \$50 Includes a faith filled experience and t-shirt.

CHECK-IN: Teens will need to check in with Mrs. Matzen by 7:30a.m. each morning at St. Mary's.

NO cell phones or electronic devices will be allowed at the retreat. If there is an emergency the phone number parents can call is

T-Shirt Size (circle) S M XL XXL

Participant's Signature _ _ _ _ _

Date: _ _ _ _ _

Parent's Signature _ _ _ _ _

Date: _ _ _ _ _

**ST. PATRICK'S CATHOLIC CHURCH
CONFIRMATION RETREAT
At St. Mary's Catholic Church in Taylor
PARENTAL PERMISSIONS AND MEDICAL RELEASE FORM**

Student's Name _____ Birthday _____

Contact e-mail _____ Sex (circle) M F Parish _____

Release made _____ by _____
(Date) (PRINT parent/guardian name)

Address _____ Zip _____ Phone: H: _____ C: _____

Description of Activity: **Confirmation Retreat April 7 & 8th, 2018**

As (mother - father/ legal guardian) of (student's name) _____, I hereby release

and discharge the Diocese of Austin, St. Patrick ' s Catholic Church in Hutto, and adult volunteers from all claims, demands, or actions, or personal injuries known or unknown caused by or arising out of the above described retreat. I further authorize a representative of St. Patrick ' s Church to consent to medical treatment of the above named student in the event of an emergency on the trip. I, the undersigned, have read this Release and Consent to Medical Treatment and understand all its terms and conditions. I execute it voluntarily and with full knowledge of its significance.

Signature of Parent/Legal guardian _____ Date _____

Emergency Contact Number Home- _____ (Cell): _____

Allergies or Special Conditions _____

Special Dietary Needs _____

Name of Insurance _____ Policy# _____ Cardholder's Birthday _____ / ____ / ____

PLEASE CHOOSE ONE

*I do not want any medication given to my teen (parent/ legal guardian signature) _____

*St. Patrick's representatives have my permission to give my teen

_____ aspirin _____ ibuprofen _____ acetaminophen (as directed on label)

Parent/Legal guardian signature X _____

TEEN CREED: Knowing that this event is to grow together in God's Love, I pledge to respect all leaders, volunteers, peers , and guests and observe all guidelines set by the Diocese of Austin Confirmation Group Leaders. Therefore, I will not bring or do anything intoxicating, illegal, indecent, improper or immoral. I will fully participate in all activities and encourage and welcome my peers to participate with me. I understand that if I stray from my pledge, my parent(s) may be called to pick me up at their expense. **Each teen MUST sign this!**

Teen's Signature **Age** **Date**