

YEAR 1 CONFIRMATION RETREAT

AND YEAR 2 STUDENTS WHO MISSED LAST YEARS RETREAT

Registration and Permission Form

DATE: November 20th – November 22nd

TIME: Students should be dropped off at St. Raphael's Church by 5:15.
Transportation to the retreat will be by bus.

PLACE: Rancho Alegre Boy Scout Camp

COST: \$85.00 covers transportation, lodging, and food
(Make checks payable to St. Raphaels Youth Ministry)

BRING: Sleeping bag, towel, pillow, toiletries, warm clothes, flashlight, rosary, and small bible. Any medication must be given to Claudia.

IMPORTANT INFORMATION FOR PARENTS:

- Pack a sack lunch for Friday dinner as NO dinner will be served that night.
- Pick up your child at Noon on Sunday at St. Raphael's Church and return for 5:30 Closing Mass at St. Raphael's. Please sit in the front of the church.
- Teens are NOT allowed to leave the weekend once they arrive

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KEEP THE TOP PORTION FOR IMPORTANT INFORMATION 2009 – 2010 CONFIRMATION RETREAT

Return this form by November 1, 2009

Student's Name (Print) _____

Address: _____ Zip: _____

Home Phone: _____ School: _____ Grade: _____

Parent's Email: _____

YEAR 1 STUDENT _____

YEAR 2 STUDENT _____

The undersigned does hereby give permission for our (my) student, (student's name) _____, to attend **THE CONFIRMATION YEAR 1 RETREAT at RANCHO ALLEGRE**. I agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of the field trip. Should it be necessary for my child to have medical treatment while participating on this trip, I hereby give the parish personnel permission to use their judgment in obtaining medical service for my child and I give permission to the physician selected by parish personnel to render medical treatment deemed necessary and appropriate by the physician. I agree that in the event my child is injured as a result of his or her participating in this above named youth activity, including transportation to and from such activity, whether or not caused by the negligence (active or passive) of the parish or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or my spouse.

I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

Please turn in all prescription medications to Claudia when child arrives.

Parent or Guardian **Signature:** _____

Parent or Guardian (**Print Name**): _____

Date Signed: _____

I agree to have pictures taken of my child and possibly posted on our web site. _____ Initial Please