

Confirmation I Retreat IT'S COMING!



November 16th, 17th, & 18th 2012

CONTACT THE YM OFFICE FOR LOCATION DETAILS

From: 3:30 p.m. on Friday to 4:30 p.m. on Sunday

Cost: \$175.00 per teen

Make checks payable to San Antonio

(a \$15.00 late fee will be added for all paperwork received after November 1st)

Details:

Make sure you note the following....

- *Meet at Youth Ministry at 3:30 p.m. on Friday, Nov. 16th.*
- *The buses will leave no later than 5:00 on Friday. If you have a scheduling problem, please let us know immediately so arrangements can be made in advance.*
- *Be sure to bring a sack dinner for the bus ride up.*
- *We are planning on being back around 4:30 pm on Sunday (Traffic/Schedule permitting). We have already attended mass while on the retreat.*

Paperwork and Money:

ALL paperwork should be turned in this evening at the Parent Meeting if possible. If you are unable to do so please have all paperwork and money turned in by:

Thursday, November 1st. (DEADLINE)

to the Youth Ministry Office

(714) 921-8307

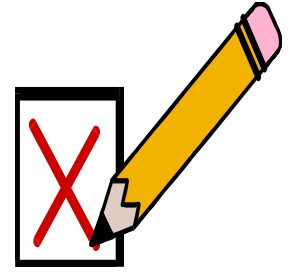


Check List

Confirmation I Retreat

“The Journey Begins...”

November 16th, 17st, & 18th 2012



Please contact the YM Office
for location details
(714) 921-8307

What to bring:

You are only allowed to bring one suitcase and your sleeping bag. Please roll your pillow and sleeping bag up and stuff them in a plastic garbage bag with a piece of masking tape with your name on it.

- ✓ Towel
- ✓ Personal Items (toothbrush and toothpaste, hairbrush, soap, etc.)
- ✓ Two days worth of seasonal clothes - a good jacket, gloves and cap
- ✓ Tennis or hiking shoes - no sandals!
- ✓ Medication (if needed - to be given to nurse)
- ✓ Sack dinner and a drink (for Friday p.m.)
- ✓ Bottles of water for weekend (6)
- ✓ A good and loving attitude

What not to bring:

- ✓ Drugs of any kind
- ✓ Cigarettes or chewing tobacco
- ✓ Cigarette lighters or matches
- ✓ Weapons of any sort (including your mouth, if you have a dangerous one!)
- ✓ Ipods, cell phones or anything electronic
- ✓ Newspapers, magazines, books, or homework
- ✓ Anything that would distract you or those around you and keep you from having a great retreat experience

**DIOCESE OF ORANGE
SAN ANTONIO DE PADUA CHURCH**

MINOR PERMISSION, MEDICATION NOTIFICATION & RELEASE FORM

Program: Confirmation I Retreat

Date: November 16, 17, & 18, 2012 Time: 4:00 pm Friday to 5:00 pm Sunday

Location: CONTACT THE YM OFFICE FOR LOCATION DETAILS: (714) 921-8307

Participant Information			
First Name	Last Name	Gender <input type="checkbox"/> male <input type="checkbox"/> female	
Street Address	City, State, Zip	T-Shirt Size S M L XL XXL	Date of Birth Mo Day Year
Parent/Guardian First & Last Name	Cell phone number ()	Relationship to minor	
Parent/Guardian First & Last Name	Cell phone number ()	Relationship to minor	
Who does minor live with? (First & Last Name)	Relationship to minor (i.e. parent, guardian, relative, etc.):		
Medical Information			
Physician's Name	Physician's phone number ()	Blood Type	
Medical insurance information (Proof of insurance required!) <input type="checkbox"/> none Name: Policy Number:		Date of last tetanus shot mo ___ yr ___ Any reaction? <input type="checkbox"/> yes <input type="checkbox"/> no	
In order to help us take better care of your child, please list any allergies/medical conditions and/or medications you are currently taking and reasons for taking them. _____			
Emergency Contact (other than parent/guardian)			
First Name	Last Name	Relationship to minor	
Phone number 1 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	Phone number 2 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()		

I, the parent (guardian) of _____, hereby give my permission for his/her participation in the above named activity. I agree to direct my child to cooperate and conform to directions and instructions of parish, school, or diocesan personnel responsible for this activity.

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, including but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees, and volunteers from any and all claims for personal injuries or property damage that she/he may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damage are caused by negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event my child is injured as a result of his/her participation in the above named activities, including transportation to and from these activities, whether or not cause by negligence, active or passive, of the parish, school, or diocesan programs, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental 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 activity.

I, hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I, hereby waive any rights to compensation or any right that I otherwise might have to limit or control such making or use.

I, hereby give permission to the physician, nurse, dental or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or license care staff.

This form expires on November 20, 2012 5:00 pm

Both parents/guardians are asked to sign whenever possible or applicable.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Good Behavior Contract

Good Behavior is expected of everyone on the team at all times. Be smart, not selfish. Exhibit good behavior. without it, we have no trip. Good Behavior includes the following:

- ✓ Coming to the event on-time and alcohol-drug-cigarette-free!
- ✓ Respecting the property, rules and regulations of the facility
- ✓ Staying within the boundaries of the facility
- ✓ Using the Buddy System as requested: staying with a group or partner when asked
- ✓ Girls staying out of the boys' rooms ... and boys staying out of the girls' rooms.
- ✓ Honoring the curfew and quiet hours
- ✓ Being respectful of the schedule ~ being on time!
- ✓ **HAVING A GOOD TIME WITH GOOD FRIENDS!!!!**

I understand that if I do not exhibit Good Behavior, my parents will be notified immediately and they will come to pick me up and take me home.

Student Signature _____.

I understand that if my teen does not exhibit Good Behavior, I will be notified, and I agree to pick him/her up immediately.

Parent/ Guardian Signature _____

Medication Notification Form

***** Please complete this form even if no medication will be taken *****

Participant's Name: _____

During this event, described on the front of this sheet ... (choose at least one and sign below)
NOTE: If no option is selected, we will mark option 3 as your preference.

◇ My son/daughter will be taking a prescription medication.
Medication: _____ Dosage: _____ Times/day: _____

◇ My son/daughter will be taking a non-prescription medication.
Medication: _____ Dosage: _____ Times/day: _____

◇ My son/daughter will not be bringing any medication. But, if necessary, the Youth leaders may give my son/daughter any over-the-counter remedy deemed appropriate.

◇ My son/daughter is not allowed to be given any medication without expressed verbal permission from his/her parents or guardian, except in an emergency where prescribed by a Doctor.

Notes: _____

Parent/Guardian's Signature: _____ **Date:** _____