

St. John's Youth Ministry

Presents the

Confirmation Retreat 2010

The Things

EVERY CATHOLIC
TEEN SHOULD KNOW

St. Bernard Abbey in Cullman

February 13, 2010 8:00am – 9:00pm

This is a one day opportunity to reflect on this very important step towards understanding your giftedness and confirming your place in the Church!

Know your faith by listening to other teens share their journey!

Know the journey through sharing, discussion and walking together in community!

Know the community by working together to spread the light of the Gospel message!

The retreat seeks to break open the challenges that come with the Sacrament of Confirmation!

The retreat seeks to offer YOU time for real reflection on the real issues effecting YOUR faith!

The retreat seeks to lift up our Catholicism as a solid foundation for the future of our Church!

Know What to Bring?

- BRING THE ATTACHED FORMS SIGNED (FRONT AND BACK) TO THE CLASS, OR NO LATER THAN FEBRUARY 7th!
- Dress comfortably for the retreat
- Please no iPods, MP3 players... Cell phone (if necessary) should be in the off position!

**Diocese of Birmingham in Alabama
Parental/Guardian Consent Form and Liability Waiver**

Participant's Name: _____ Sex _____ Birth Date: _____

Parent(s): _____

Home Address _____

City _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____ Cel-Phone: _____

- I, (name of parent or guardian) grant permission for my child (name of Child): _____ to participate in this parish youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees from St. John's Catholic Church, Madison, Alabama. A brief description of the activity follows:

Date of event/activity: _____ **February 13, 2010** _____

Type of event/activity: _____ **Confirmation Retreat** _____

Destination of event/activity: _____ **St. Bernard Abbey, Cullman, AL** _____

Individual in charge of and responsible: _____ **Greg Thompson, St. John's Staff** _____

Estimated time of departure and return: _____ **8:00am – 9:00pm** _____

Mode of transportation to and from event: _____ **BUSES** _____

- *I do hereby further give consent for all emergency medical care (including surgery, if deemed necessary and recommended by at least two attending physicians) prescribed by a duly licensed physician for my child in the event of injury or illness to my child during the above named activity This emergency medical care may be given under whatever conditions are deemed necessary, or whatever conditions may then and there exist, so as to preserve and protect the life, limb, health and well-being of my child.*
- *I do hereby agree to forever indemnify, exonerate, hold harmless and defend the owner and driver of the private motor vehicle, the parish, the pastor, and staff members and all youth ministry personnel, and the Bishop of Birmingham in Alabama, a corporation sole, and their respective successors in office, from all claims, demands, actions, and causes of action arising out of or in any way pertaining to any bodily injury or illness including death, incurred by my child during the course of any said activities, and including emergency medical and/or surgical treatment for my child and whether or not said claim, demand, action or suit is based on, or alleged to be based on, in whole or part, the negligence, wantonness, or other similar conduct of any of the Indemnities.*
- *This Indemnity applies, in all events, to the extent that such an injury, damage, illness, or death to my child is not covered by applicable or enforceable liability insurance available to The Indemnities. I assume all risks and hazards incidental to or attendant with my child's participation in the above named activity, and in each phase of it.*
- *I request that in the event of any medical or other emergency involving my child during the above named event, when neither myself or the child's other parent is readily available to be contacted by phone, that the adult supervisor contact the following person who will have authority to speak for me with respect to the emergency needs of my child.*

Required

Name: _____ Relationship: _____

Emergency Phone: _____

Signature of Parent: _____ Date: _____

(YOU MUST FILL OUT THE INFORMATION ON THE BACK AS WELL!)

MEDICAL INFORMATION

Required

Family Physician: _____ Phone: _____

Family Health Plan Carrier: _____

Policy/Contact Number: _____

Name of Policy Holder: _____

- 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 is as follows:

Signature: _____ **Date:** _____

Optional

- 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:** _____

OTHER INFORMATION

Allergic Reactions (medications, foods, plants, insects, etc.) _____

Date of last tetanus: _____

Special Dietary Considerations: _____

Physical Limitations: _____

You should be aware of these special medical or psychological conditions of my child: _____

CODE OF CONDUCT

- I hold that my child will conduct himself/herself in a proper manner and failure to abide by standard codes of conduct will cause my child to be dismissed from the above named event. I understand that this dismissal will require that I provide and or incur any costs for their transportation home from the event.

YOUTH Signature: _____ **Date:** _____