

**St. Louis Parish
Confirmation Retreat Permission Form**

CONFIRMATION RETREAT INFORMATION			
<u>Location:</u> Both retreats will be at Hunting Ridge Retreat Center (1011 Hunting Ridge Road, Winchester, VA 22603)			
<u>Transportation:</u> Youth will be transported to and from the retreat center on a bus chartered by the parish.			
<u>Packing list:</u> Youth will need to bring pillow, sleeping bag or sheets and a blanket, clothes, towels, and toiletries.			
BOYS		GIRLS	
<u>Departure:</u> Monday, June 18, 2018 at 8:00am		<u>Departure:</u> Tuesday, June 19, 2018 at 12:00pm	
<u>Return:</u> Tuesday, June 19, 2018 at 12:45pm		<u>Return:</u> Wednesday, June 20, 2018 at 5:00pm	
<u>Meals:</u> Lunch and dinner provided on Monday, breakfast provided on Tuesday.		<u>Meals:</u> Dinner provided on Tuesday, breakfast and lunch provided on Wednesday.	
YOUTH INFORMATION			
Name:		Email:	Cell Phone:
Date of Birth:		School:	Grade: Gender:
Safety: As the participant, I agree to follow all procedures, safety precautions, and rules and regulations set forth by the Diocese and St. Louis Parish.			
_____ Signature of Participant		_____ Date	
PARENT/GUARDIAN INFORMATION			
Mother's Name:		Email:	Cell Phone:
Father's Name:		Email:	Cell Phone:
<p>Parental Permission and Liability Release: As parent/legal guardian of _____ (Name), I/we give my/our permission to participate fully in (circle one) <u>Boy Confirmation Retreat June 18-19</u> or <u>Girls Confirmation Retreat June 19-20</u>. I agree to indemnify and hereby release the Most Reverend Michael F. Burbidge Bishop of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above mentioned event (including transportation to and from the event). Furthermore, I on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event.</p> <p>Informed Consent to Medical Treatment: I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant's transportation home and any costs related thereto.</p> <p>Photo, Press, Audio, and Electronic Media Release: I authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child's photograph, video and/or audio recording along with their name identifying them for educational, news stories, illustration and/or marketing purposes.</p> <p>Use of electronic communication: I authorize St. Louis Youth Ministers and its volunteers to communicate with the participant through the following electronic means: email, text messaging, Facebook, and Instagram. This permission is granted with the understanding that communication will take place at reasonable times and in limited durations. Parents/guardians who do not wish to grant this permission should notify St. Louis' Office of Youth Ministry in writing.</p> <p>I understand and hereby agree to the terms and conditions of the participant's involvement in the above described event and I freely execute this Acknowledgement with full knowledge of its content.</p>			
_____ Signature of Parent or Legal Guardian		_____ Date	

Form due by Monday, June 4, 2018
Please return to: Becky Hsu 2907 Popkins Lane Alexandria, VA 22306