## HOLY FAMILY CHURCH CONFIRMATION CONFIRMATION BEATITUDES RETREAT PERMISSION FORM



Camp Hollywoodland | 3200 Canyon Drive, Los Angeles, CA 90068 Saturday, March 10, 2018 at 9:30 AM to Sunday, March 11, 2018 at 2:00 PM Cost: \$150.00 | \$175.00 after February 18, 2018

HOLLYWOOD LAND Teen's	s Name:	Date	of Birth:
Carlo Carlo			Male □Female
retreat site at 9:30 am on Saturday, minutes from Holy Family Church. candidates are expected to atten All parents are requested to retu	Families may arrange carpood the entire retreat.	will be held at the Camp Hols for transportation to the <b>0 pm on Sunday, March</b>	ollywoodland, about 40 e retreat site. <i>The</i> 11, 2018 for Mass with
I request that my son/daughter be perm would render it inappropriate for him/h dietary restrictions except as follows:	± ±	, ,	
Should it be necessary for my son/daughter cannot self-administer his/her meson/daughter cannot self-administer, I gethe administration of my son/daughter's practitioners and medical facilities to use the become necessary to do so. I agree to this request. I understand that the insurant entirely responsible for the cost of all Family Church harmless from the cost of Archbishop of Los Angeles, a corporation of Archbishop of Los Angeles, a corporation church, their respective agents and empore sonal injuries, wrongful death or property and injuries, wrongful death or property and injuries are self-administer his/her meson description of the self-administer his/her meson description description description description description description description description	edication in accordance with the Agive permission to the responsible is medication. I also give permission to their judgment in obtaining and orelieve Holy Family Church and ance benefits through Holy Family Il medical treatment provided to roof any medical treatment and relation sole, Archdiocese of Los Angeloyees and any parent/volunteer/perty damage that I or my son/da	Medication Authorization and Perm staff members or chaperones on to the responsible staff memproviding medical treatment for participating adults from any livy Church, if any, may have limit my son/daughter. I agree to inceed expense and cost incurred.  The elest Education & Welfare Corticological Control of Chaperone, from any and all Eughter may suffer as a result of	mission Form, and, if my to administer or to assist in the administer or to assist in the abers, chaperones, medical for my son/daughter should tability in connection with tited application, and that I demnify and hold Holy  Roman Catholic poration and Holy Family tiability, loss or claims for f participation in the activity
described above, whether or not such in Family Church, or their agents, employe		ne active or passive negligence	of the Archdiocese, Holy
I understand that my son/daughter and in the covenant I will be contacted and late Director, parents, candidate, Youth possible following the retreat.	be expected to arrange for promp	t pick up of my son/daughter.	A meeting with the Parish
Parent/Guardian Signature	Print Parent/Gua	rdian Name	Date
Home Phone	Cell Phone	Work Phone	
Teen's Signature	Print Teen's Nar	ne	Date
Person to notify in case of emergency	if parent or guardian is unavailal	ole:	
Name:	Phone:	□Cell □1	Home □Work