

# HOLY FAMILY CHURCH CONFIRMATION

## CONFIRMATION BEATITUDES RETREAT PERMISSION FORM



Griffith Park Boys Camp | 4730 Crystal Springs Dr., Los Angeles, CA 90027  
Saturday, March 9, 2019 at 9:30 AM to Sunday, March 10, 2019 at 2:00 PM  
Cost: \$150.00 | \$175.00 after February 10, 2019

Teen's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

☐ Male ☐ Female

**Confirmation Retreat: The Beatitudes.** Candidates are expected to gather at the retreat site at 9:30 am on Saturday, March 9, 2018. The retreat will be held at the Giffith Parik Boys Camp, about 40 minutes from Holy Family Church. Families may arrange carpools for transportation to the retreat site. ***The candidates are expected to attend the entire retreat.***  
**All parents are requested to return back to the camp at 12:30 pm on Sunday, March 10, 2019 for Mass with the teens and from there they can be taken home at approximately 2:00 pm.**

I request that my son/daughter be permitted to participate in the above activity. My son/daughter has no medical condition that would render it inappropriate for him/her to participate in this activity. My son/daughter has no known medical needs, allergies or dietary restrictions except as follows:

Should it be necessary for my son/daughter to take medication while participating in this activity, I hereby give my son/daughter permission to self-administer his/her medication in accordance with the *Medication Authorization and Permission Form*, and, if my son/daughter cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my son/daughter's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgment in obtaining and providing medical treatment for my son/daughter should it become necessary to do so. I agree to relieve Holy Family Church and participating adults from any liability in connection with this request. I understand that the insurance benefits through Holy Family Church, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my son/daughter. I agree to indemnify and hold Holy Family Church harmless from the cost of any medical treatment and related expense and cost incurred.

**Release of Liability:** As a condition of participating in this activity, I hereby release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and Holy Family Church, their respective agents and employees and any parent/volunteer/ chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my son/daughter may suffer as a result of participation in the activity described above, whether or not such injuries or damages are caused by the active or passive negligence of the Archdiocese, Holy Family Church, or their agents, employees, volunteers or chaperones.

I understand that my son/daughter and I have signed the Behavior Covenant and if said candidate should break one of the points in the covenant I will be contacted and be expected to arrange for prompt pick up of my son/daughter. A meeting with the Parish Life Director, parents, candidate, Youth Minister, and any youth ministry personnel or volunteers will be scheduled for as soon as possible following the retreat.

Parent/Guardian Signature \_\_\_\_\_ Print Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Teen's Signature \_\_\_\_\_ Print Teen's Name \_\_\_\_\_ Date \_\_\_\_\_

Person to notify in case of emergency if parent or guardian is unavailable:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work