HOLY FAMILY CHURCH CONFIRMATION CONFIRMATION FAMILY RETREAT PERMISSION FORM



Holy Family Church 1527 Fremont Ave., South Pasadena, CA 91030 November 12, 2016 9:00 am to 9:00 pm

	This form and \$50.00 for eaplease note that after Novemb	ch participant is due on or be per 1 the retreat fee with increa	
	Teen's Name:	Dat	e of Birth:
100	The Confirmation Retreat: Far their families. Although this is op- nilies we will have an all-day adven-	mily Retreat this retreat is for sen to the whole family we cannot	first year candidates and ot accommodate children
Candidates and their families are	expected to gather in Connolly Pa Candidates and at least one parent/gua		
	permitted to participate in the above im/her to participate in this activity as:		
permission to self-administer his/h son/daughter cannot self-administe the administration of my son/daug practitioners and medical facilities it become necessary to do so. I ag this request. I understand that the am entirely responsible for the cost	daughter to take medication while part medication in accordance with the der, I give permission to the responsibiliter's medication. I also give permit to use their judgment in obtaining a dree to relieve Holy Family Church a dissurance benefits through Holy Fatt of all medical treatment provided cost of any medical treatment and record of the second	ne Medication Authorization and Pernible staff members or chaperones ssion to the responsible staff memory providing medical treatment found participating adults from any limily Church, if any, may have limit to my son/daughter. I agree to income	to administer or to assist in the photosic or my son/daughter should tability in connection with the application, and that I
Release of Liability: As a condition	on of participating in this activity, I	hereby release and discharge The	Roman Catholic
	oration sole, Archdiocese of Los A		
	l employees and any parent/volunte		
	r property damage that I or my son ach injuries or damages are caused b ployees, volunteers or chaperones.		
in the covenant I will be contacted	r and I have signed the Behavior Co and be expected to arrange for pro Youth Minister, and any youth minis	mpt pick up of my son/daughter.	A meeting with the Parish
Parent/Guardian Signature	Print Parent/O	Guardian Name	Date
Home Phone	Cell Phone	Work Phone	
Teen's Signature	Print Teen's 1	Name	Date
ames of Participants Ad		Adult or Teen	
1.			
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