

HOLY FAMILY CHURCH CONFIRMATION CONFIRMATION RETREAT PERMISSION FORM

Camp Hollywoodland | 3200 Canyon Drive, Los Angeles, CA 90068
Saturday, February 15, 2020 at 9:00 AM to Sunday, February 16, 2020 4:00 PM
Cost: \$175.00 | \$200.00 after January 14, 2020

Teen's Name: _____ Date of Birth: _____ Male Female

The Confirmation Retreat: Gifts of the Holy Spirit. Second year Confirmation Candidates will explore each of the seven gifts of the Holy Spirit. Each gift will be presented in creative and interactive ways. The highlight of Saturday evening is a talent show. All candidates may begin planning on sharing their special gifts for that evening. ***The candidates are expected to attend the entire retreat.***

Candidates are expected to gather at the retreat site at 9:00 am on Saturday, February 15, 2020. The retreat will be held at the Camp Hollywoodland, about 40 minutes from Holy Family Church. Families may arrange carpools to get the candidates to the retreat site. **All parents are requested to return back to the camp at 2:45 pm on Sunday, February 16 for Mass with the teens and from there they can be taken home at approximately 4:00 pm.**

There are no refunds for this retreat after January 20, 2020.

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