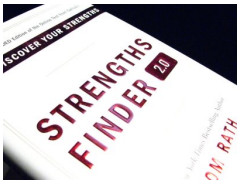
HOLY FAMILY CHURCH CONFIRMATION

CONFIRMATION STRENGTHSFINDER RETREAT PERMISSION FORM



Holy Family Church 1527 Fremont Ave., South Pasadena, CA 91030
December 10 &11, 2022
This form and $75.00 is due on or before November 15, 2022, thereafter the retreat fee will increase to $85.00.

Teen's Name: _____ Date of Birth: _____

The Confirmation Retreat: This Year One retreat enables each person to reflect on his/her unique gifts. Using the StrengthsFinder survey, the teens will be examining their own gifts, testing how their gifts work in communion with their other gifts, and also how his/her gifts are complimentary with other people's gifts. When the teen signs up for the retreat, they will be given the Strength Finders book with online assessment code. This online survey is to be completed 10 days before the retreat begins. Please email the results to Sally one week before the retreat.. Candidates are expected to gather at the Eden at 4:30pm-9:00pm on Saturday, December 10, 2022, and return on Sunday, December 11th at 9:00 am and we will conclude our retreat at 6:30 pm after attending the 5:30 Mass together. Parents and sponsors are encouraged to attend the Eucharistic celebration, and perhaps hear a little bit about the experiences on the retreat.

Candidates are required to attend the entire retreat.

No Refunds after December 4, 2022

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