



# **CHOSEN**

## **Confirmation Retreat**

**Camp Kappe - Plantersville, TX**

**Feb. 8-10, 2019**

**COST: \$125 PER PERSON if  
turned in by January 13, 2019**

***OR***

**\$140 late registration  
by January 27, 2019**

**Forms and money due by Sunday, January 27, 2019 at the latest.**

**Contact:** Bridget Landin, Director of Youth Ministry  
(281) 205-1176 or [blandin@stanne-tomball.org](mailto:blandin@stanne-tomball.org)

## St. Anne Youth “CHOSEN” – St. Anne Confirmation Retreat

*This is a weekend retreat to help form community, to better understand and appreciate yourself, others, and God. A retreat team consisting of adults and college students will put on and facilitate the retreat. The retreat will focus on the many gifts of God; especially with regards to the Holy Spirit and the Sacrament of Confirmation.*

**FOR WHOM:** This is a required retreat for all students preparing for Confirmation this year.

**WHERE:** Camp Kappe Retreat Center (7738 Camp Kappe Rd., Plantersville, TX 77363) Directions can be found at: <http://www.archgh.org/Camp-Kappe/Directions/>

**DATES AND TIMES:** February 8-10, 2019. Arrival time is 7:00 p.m. at Camp Kappe on Friday and will conclude at appx 11:00am Sunday. ***Students must be present for the entire retreat! There will be no bus transportation for this retreat.***

**TRANSPORTATION:** Students will need to provide their own transportation to and from Camp Kappe for the retreat. ***Students should not drive themselves.*** Parents are asked to drop off and pickup their teens, in lieu of students driving themselves. This is due in part to Camp Kappe having a small parking lot that may not be able to accommodate all vehicles.

**MEALS:** Students should eat dinner before coming on Friday evening. Other than that, breakfast, lunch and dinner will be served on Saturday, with breakfast also being served on Sunday. **Each retreatant should bring snacks to share throughout the weekend (chips, cookies, fruit, etc.)** Snacks need to be turned in at check-in, as food and snacks are not allowed outside of the main halls.

**COST:** The fee for the retreat is \$125.00 on or before Jan. 13, 2019 or \$140 for late registrations after Jan. 13th but before Jan. 27th and is due at registration. This includes lodging, meals, retreat supplies, t-shirt, and other retreat gifts. Late registrations are NOT guaranteed a correct size t-shirt as t-shirts need to be ordered in advance.

**REGISTRATION:** The attached registration and release form must be completed and signed by a parent or guardian. The completed form, along with the fee, is due no later than **Sunday, January 27<sup>th</sup>, 2018**. Please mail the form with the fee to Bridget Landin at St. Anne Catholic Community, 1111 S. Cherry Rd., Tomball, Texas, 77375, or drop it off at the Youth Office. Checks can be made out to St. Anne.

**RULES:** All registered youth must be present for the entire retreat. Should behavior of a youth be judged unacceptable by an adult or the retreat team, a parent will be called to pick up their youth. Weapons, tobacco, alcohol, or any other illegal substances are strictly forbidden from the retreat. Anything found in contradiction to the law or Archdiocesan policy will be dealt with by contracting parents and law enforcement agents if necessary.

**BRING:** Since this is an overnight retreat, we ask that all students bring a sleeping bag and pillow, or sheets for a twin bed, along with toiletries and a towel. Someone always forgets the towel, so do not let it be you! You may want to bring comfortable clothes, and check the weather on Friday to see what the weekend is going to look like. We may be going outside from time to time. **You may want to bring flip flops or crocs for the shower.** Also, please bring any medication in the original, labeled container that may be needed on the retreat. This includes aspirin or Tylenol. All medications, including non-prescription medications, should be listed on the registration and release form and be turned in at check-in.

**DO NOT BRING:** Cell phones, video games, TV's, or laptops. In the event you need to get in touch with your parents, you may use the house phone or one of the adult's cell phones. Weapons, drugs, or alcohol is strictly prohibited! If found or discovered, teens will have their parents called to come and pick them up. Other offenses and punishments will be discussed depending on the severity of the violation.

**QUESTIONS:** Please contact Bridget Landin at her direct office number (281) 205-1176. Emergency number for parents during the retreat: Bridget Landin at 260-376-0681 – this is a Google Voice number which will be used for the duration of the retreat.

**Archdiocese of Galveston-Houston / St. Anne Catholic Church**  
**“ANOINTED” – St. Anne Confirmation Retreat**

**PARENTAL/GUARDIAN CONSENT, LIABILITY WAIVER AND MEDICAL  
CONSENT**

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Parent Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

Parent's E-mail \_\_\_\_\_ Teen T-Shirt Size \_\_\_\_\_

Parish \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

**CONSENT & LIABILITY WAIVER**

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.  
If participant is 18 years of age or older, consent must be signed by the individual)**

I (name of parent/guardian) \_\_\_\_\_, grant permission for my  
child, (participant's name) \_\_\_\_\_, to participate in

**Anointed - St. Anne Confirmation 2 Retreat to be held on February 8-10, 2019 at Camp Kappe –  
Plantersville, TX**

I agree on behalf of myself, my child's other parent if known or living (name of parent) \_\_\_\_\_. My child named  
herein, or our heirs, successors, and assigns, to hold harmless and defend the Archdiocese of Galveston-Houston, St. Anne Catholic  
Church (its pastor, youth minister, other agents, etc.), the sponsoring parish (its pastor, youth minister, other agents, etc.) or any  
representatives associated with the scheduled activity unless the parties involved were careless or negligent.

\_\_\_\_\_  
**Signature (Parent/Guardian)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature (Participant 18 years of age or older must sign own consent)**

\_\_\_\_\_  
**Date**

**PHOTOGRAPHY CONSENT**

As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this event. I give permission  
for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in  
highlighting the event.

\_\_\_\_\_  
**Signature (Parent/Guardian)**

\_\_\_\_\_  
**Date**

**MEDICAL CONSENT**

***Medical Matters***

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

***Emergency Medical Treatment***

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

***Medications***

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows

My child is taking the following medication at the present time.

Medication(s): \_\_\_\_\_ Dosage: \_\_\_\_\_

**Administer:** \_\_\_\_\_

\_\_\_\_\_ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

\_\_\_\_\_ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

**Medical Conditions Information**

(Parish personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

Has had an episode the following or has been diagnosed:  Seizures  Asthma  Diabetic  
Allergic reactions to the following (foods, dyes, latex etc.) \_\_\_\_\_

Has had a medical surgery within the last six months?  Yes  No Still under doctor's care?  Yes  No

Has a medically prescribed diet? \_\_\_\_\_

The following physical limitations? \_\_\_\_\_

Immunizations current and up to date:  Yes  No Date of last tetanus shot: \_\_\_\_\_

You should also be aware of these special medical conditions of my child:

\_\_\_\_\_  
\_\_\_\_\_

**Insurance Information**

No, I do not carry medical insurance at this time.

Insurance Carrier: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself).

*I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.*

\_\_\_\_\_  
**Signature (Parent/Guardian) Parent/Guardian must sign for anyone under 18 years of age. Date**

\_\_\_\_\_  
**Signature (Participant - 18 years of age or older must sign own consent.) Date**