

Saint Vincent de Paul Confirmation Retreat 2020 Release Form  
**Parental Consent for Youth to Participate in Activity  
Emergency Medical Information, and Release Form**

**Cost: \$90**

**Participant (name):** \_\_\_\_\_

**Parents (name(s)):** \_\_\_\_\_  
for themselves, heirs, executors, and administrators.

**SVdP Confirmation Retreat** through St. Vincent de Paul Catholic Church, a Texas non-profit corporation, including its faculty, employees, contractors, clergy, agents, facilitators, and volunteers

**Transportation Provided by Volunteers of St. Vincent de Paul Catholic Church**

- A. The undersigned represent that they are the parents or legal guardians of Participant and have full authority under law to sign this document.
- B. Parents grant their permission for Participant to enroll and participate in Confirmation Retreat 2020, Mar. 27-29, in Spicewood, Tx.
- C. Parents acknowledge and agree that:
  - (1) Participant and Parents voluntarily seek to participate in the Event; (2) the Event may involve physical activity that involves risk of injury; (3) Participant and Parents will abide by all policies and rules established for Event and instructions of those persons facilitating, organizing, or overseeing the Event; (4) Parents and Participant are responsible for Participant's conduct during the Event and are responsible for any damages, claims, or other costs caused by Participant or incurred as a result of Participant's conduct; and (5) if Participant's conduct is inappropriate, unsafe or detrimental to the Event, other participants or other persons, Parish/School or the Diocese may be suspend or expel Participant from the Event and future Events.
- D. Unless this paragraph is struck and initialed by the undersigned, Parents authorize Parish/School and the Diocese to provide over-the-counter aspirin, pain relievers, cold medicine, and other over-the-counter medications to Participant at Participant's request if the Parish/School or Diocese deem it reasonable to do so. The Parish/School will make reasonable attempts to notify Parents prior to authorizing any such over-the-counter medication.
- E. In the event of an emergency or a situation that is reasonably considered to be an emergency, Parents authorize the Parish/School and the Diocese to seek and authorize emergency medical care to be given to Participant (for example, first aid, medication, anesthesia, or surgery). The Parish will make reasonable attempts to notify Parents prior to authorizing any such emergency care.
- F. Parents grant Parish and the Diocese permission:(1) to photograph and video tape Participant during the Event; and (2) to use the photographs and video tapes in publications and promotions of the Parish/School and the Diocese, including but not limited to publications such as websites, newsletters, advertisements, scrapbooks, and yearbooks.
- G. To the extent permitted by law, Parents, for themselves and for Participant, release and agree to indemnify and hold harmless the Parish/School, the Diocese, and the Transportation Provider from any and all liability, claims, demands, and costs which may arise as a result of Participant's participation in the Event or which is, in any way, related to such participation. This paragraph covers loss under any theory of loss (negligence or otherwise) including but not limited to personal injury or property damage. Parents and Participant assume all risk of injury or loss to themselves or their property.

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By participating, all students agree to take an OPEN MIND and HEART, to be respectful of their peers and group leaders, and to participate in all settings. Participants commit to pray for the retreat and their fellow retreatants, to be respectful of all property and clean up after themselves. Participants will abide by lights out and will remain in their room during lights out. Participants will not be unsupervised with a member of the opposite gender at any time. Participants will not bring any items such as weapons, drugs, alcohol, gaming devices or mp3/iPads. Participants also understand that cell phone use is prohibited outside of alarm clock, camera, and flashlight modes.

Breaking of any of the above rules may result in being sent home from the event. Participants parent(s) are responsible to come pick the teenager up if this occurs.

**Student Name:** \_\_\_\_\_ **T-Shirt Size: S, M, L, XL, XXL** Circle One

**Parent Email:** \_\_\_\_\_ **Parent Phone Number:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Gender: M F Preferred Name:** \_\_\_\_\_

**Confirmation Retreat 2020 RELEASE FORM**

**STUDENT NAME:** \_\_\_\_\_

**Emergency Contact and Insurance Information**

In the event of an emergency contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternatively, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Participant's Insurance Carrier: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Last Tetanus Booster: \_\_\_\_\_

Participant has the following conditions (allergies, medical conditions, etc.): \_\_\_\_\_

*Attach additional sheet if needed*

Participant is currently taking the following medication: \_\_\_\_\_

**Attach copies of prescription and any instructions related to the medication, including the amount and timing of dosages.**

Special Instructions or Other Information: \_\_\_\_\_

**Confirmation Retreat 2020**

Mar. 27-Mar. 29, T-Bar\_M Camp Travis, Spicewood, TX

Depart Friday 5:30pm – Meet at SVdP PAC

Return: Sunday by 2:00pm (Bring \$ for Lunch Stop on Return)

**Form & \$90 Payment Due No Later Than February 9<sup>th</sup>, 2020**

**What to Bring:** Warm Clothes, Toiletries, an Open Heart, Bedding or Sleeping bag, a Snack to Share, and \$ for lunch on the way back. (Optional) Camera.

**Do Not Bring:** iPad/ MP3 players, cell phones, drugs, alcohol, weapons, immodest or offensive clothes, or anything that will be a distraction to others.

**PARENTVOLUNTEER FORM—** All volunteers must have completed Ethics & Integrity in Ministry. Parents, check all of the following that you can help with:

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**CHAPERONING:**

- I can chaperone for the entire retreat.
- I can chaperone for part of the retreat
  - Friday 5:30pm – Saturday 10am
  - Saturday 10am – Saturday 5:30pm
  - Saturday 5:30pm – Sunday 12:30pm

**OTHER:**

- I cannot attend, but I would like to pledge \_\_\_\_ hour(s) in Adoration while the students are on retreat.
- I will donate \$\_\_\_\_\_ to help pay for the t-shirts for this year's class. Questions, Comments, Concerns? Contact James Longoria:

**DRIVERS:**

- I can coordinate the drivers.
- I can help carpool to the retreat. (Qty: \_\_\_\_ )
- I can help carpool home from the retreat. (Qty: \_\_\_\_ )

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