



11720 Joan of Arc \* Houston, TX 77024 \* 713-465-3414

## Confirmation Retreat Registration

November 3-5 \_\_\_\_ OR February 2-4 \_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**Cost:** \$135.00 per person; make checks payable to St. Cecilia Church Payment should be submitted with this form.

For financial aid, please contact David Thies: [dthies@saintcecilia.org](mailto:dthies@saintcecilia.org)

**ADDITIONAL INFORMATION:**

I hereby release St. Cecilia Catholic Church, it's staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent to me, to consent to any x-ray examination, medical, dental or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon or dentist licensed to practice under the laws of this state where services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**EMERGENCY PHONE #:** \_\_\_\_\_

**Insurance Information**

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

**List all allergies, special needs, medical concerns or medication being taken:**

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