



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

Confirmation Retreat Registration

(Choose One)

Friday Night & Saturday - November 19th & 20th _____

Friday Night & Saturday - January 21st & 22nd _____

TEEN'S NAME: _____

Cost: \$25.00 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

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.

PARENT'S NAME: _____

SIGNATURE: _____

PHONE #: _____

ADDRESS: _____

EMERGENCY PHONE #: _____

Insurance Information

Family Doctor: _____ Phone #: _____

Health Insurance: _____ Policy #: _____

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

Jesus breathed on them and said,

"Receive the Holy Spirit"

John 20:22