

St. Elizabeth Ann Seton Church
Office of Religious Education
1835 Larkvane Road, Rowland Heights, CA 91748
Office (626) 965-5792 * Fax (626) 913-2209

CONFIRMATION YEAR 2 WEEKEND RETREAT

DIVINE WORD RETREAT CENTER, 11316 Cypress Avenue, Riverside, CA

In case of emergency, call Myron (Confirmation Coordinator) at (626) 536-2153 cell or Retreat Center (909) 689-4858

Friday, December 17, 2021 (8:00pm) – Sunday, December 19, 2021 (2:30pm)

RETREAT APPLICATION & LIABILITY/MEDICAL RELEASE FORM

(to be completed by all Confirmation Year 2 Students participating in this retreat)

Print Name of Student: _____ Room # _____

Age: _____ Student Cell/Text #: _____

INCLUDED-Adult T-Shirt (circle your size): Small Medium Large X-Large 2X-Large

I, the undersigned, do hereby give my permission for my son/daughter _____ to attend the required Confirmation II Retreat to be held on *Fri., Dec. 17 (8:00pm) – Sun., Dec. 19 (2:30pm)* at the Divine Word Retreat Center in Riverside. Should it be necessary for my child to have medical treatment while participating in the retreat, I hereby give the retreat staff permission to use their judgment in obtaining medical service for my child. I give permission to the physician selected by the retreat personnel to render medical treatment deemed necessary and appropriate by the physician.

If my child has any medical problems or is taking any continuous medication, I will inform the retreat team on the back of this form. I understand that any insurance benefits that are effective have limited application. I agree to direct my child to cooperate and conform with directions and instructions of the supervisory personnel in charge of this retreat. I understand that if discipline is a problem, I will be contacted and responsible for bringing him/her home.

I will not hold St. Elizabeth Ann Seton Church, Divine Word Retreat Center, any designated carpool driver nor any of the above said affiliates liable for any accident that may occur while traveling to and from the Divine Word Retreat Center in Riverside and while at the retreat location.

I, hereby, authorize the making of photographs, videotapes, recordings, or other memorializing of said event and my child's participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation therefore or any right that I otherwise might have to limit or control of such making or use.

Signature of Parent/Guardian _____ **Date:** _____

Printed name of Parent/Guardian _____

Emergency Phone Cell/Text #: _____ E-mail Address: _____

If parent cannot be reached, contact (Name): _____ Cell: _____

Any allergies to medication: _____ Medication presently taking: _____

Specify any dietary restrictions/health conditions: _____

If you have any questions or concerns prior to the retreat, please contact Myron (626) 536-2153 cell, or e-mail: myronjv@gmail.com.