ST. THOMAS MORE YOUTH MINISTRY

CONFIRMATION RETREAT

“Let it be done to me according to your word.”
Luke 1:38

SATURDAY, FEB. 29
10:00AM - 6:30PM
ST. THOMAS MORE

COST: $40
DOWNLOAD FORMS & PAY ONLINE
CHAPERONES NEEDED

QUESTIONS?
Contact Georgie Clemens, Director of Youth Ministry at 919.942.6240 or gclemens@stmchapelhill.org.
CODE OF CONDUCT

- No smoking or vaping permitted.
- No alcohol or drugs permitted. Anyone bringing these substances to the retreat will be asked to leave immediately.
- **Cell phones and electronic devices should be left at home.** If you bring one, it will be collected at the door.
- All participants must stay in the designated areas on the campus.
- Any emergency must be immediately reported to an adult.
- Respect and take care of the building and grounds. Any damage should be reported immediately.
- Food is permitted only in the Friends and Family Hall.
- Participants must be on time for activities.
- Name tags are to be worn at all times in the “name-tag-zone”.
- Leave the campus better than you found it. Clean up after yourself in the Friends and Family Hall & meeting rooms.

WHAT TO BRING

- Comfortable clothes you don’t mind getting dirty – dress warmly
- Close-toed shoes for outside activities
- Open heart and mind

WHAT NOT TO BRING

- Cell phones, electronic devices, other valuables
- Drugs, vapes and alcohol
- Bad attitude
CODE OF CONDUCT AGREEMENT FORM

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CONFIRMATION CANDIDATE:
I have read the Retreat Code of Conduct and agree to abide by all rules and follow the directions of the youth minister and team leaders at all times. I understand that failure to do so will result in my dismissal from the retreat.

NAME ___________________________ SIGNATURE ___________________________

PARENT/GUARDIAN:
I have read the Retreat Code of Conduct with my child and understand that I will be called to pick up my child from the retreat at any time should he/she be dismissed from the retreat for failure to comply with the rules.

NAME ___________________________ SIGNATURE ___________________________
PARENT VOLUNTEER FORM

This retreat is for parents too! YOU are greatly needed to help this weekend run smoothly. We have roughly 100 youth being confirmed this year, which means a lot of youth at this retreat. Please engage in your youth’s faith journey - look over the options below and sign up to help where you can. We really do need 100% participation! Thank you!

VOLUNTEER NAME ____________________________________________  
PHONE ____________________  EMAIL ____________________________

VOLUNTEER OPPORTUNITIES:

☐ CHAPERONES/RUNNERS: We need chaperones to help make sure the youth are not getting into danger and obeying the retreat rules; assist with small tasks the retreat leaders may have, and interact with the youth throughout the retreat.

☐ Set-up 8am-10am  ☐ Saturday 10am-1pm  ☐ Saturday 1pm-4pm  ☐ Saturday 4pm-5:30pm  ☐ Saturday (Tear down) 7pm-8pm (after Mass)

☐ SNACKS AND FOOD: We need parents to serve snacks on Saturday. (Lunch will be served at St. Thomas More).

Volunteers will help prep and serve lunch, prepare the snacks, arrange place settings, and help clean up. Volunteers are also needed to bring in various snacks and drinks to make sure we have enough food to go around during our two snack times during the retreat. Please check what you can bring.

☐ Lunch Service Saturday 11:30 am  ☐ Snack Service Saturday 2:30 pm

☐ Provide snacks

☐ fruit; please specify ____________________________  ☐ brownies

☐ vegetable tray  ☐ cookies  ☐ chips  ☐ candy
Dear Parent/Guardian:

Your son/daughter is eligible to participate in the following activity. This activity will take place under the guidance of adults from the parish of St. Thomas More and the Diocese of Raleigh. A brief description follows:

**Activity:** ‘Fiat’ Confirmation Retreat

**Location:** St. Thomas More Catholic Church

**Date:** February 29, 2020 10:00AM-6:30PM

**Cost:** $40

In order for your child to participate in this event, please complete, sign and return the following statement of consent and release of liability, medical information and release form, and contact information. Additional release forms may be required from participating vendors or companies, and will be provided to you prior to the trip for completion and return.

**Personal Contact Information:**

Name of participant: ________________________________________________________________

Address: ____________________________________________ City/State/Zip__________________

Youth Cell: ________________________ Youth Email: ______________________________________

Parent Name: _______________________________________________________________________

Parent Cell: ________________________

Parent Email: ______________________________________________________________________

Office Use Only

Paid $__________
Check # _________
Date Received __________________________

**Statement of Consent & Release of Liability**

- I understand that as a parent/guardian, I remain fully responsible for any liability that may result from personal actions taken by my son/daughter.
- If my youth brings or uses any drugs, alcohol, weapons, or tobacco products or engages in reckless or violent behavior, I will be expected to retrieve my son/daughter from the event at my own expense.
- I hereby consent to the participation of my youth in the above-described event. I further consent to the conditions stated above regarding participation in this event, including the method of transportation.
- I release the Diocese of Raleigh, St. Thomas More Catholic Church, and their agents and volunteers from any injuries which may be incurred by my youth.
- I give permission for my child, in case of emergency, to be taken to a physician or hospital by an adult leader, diocesan, or parish personnel. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected by the adult in charge, to hospitalize and secure proper treatment, including surgery, for my son/daughter.

Parent/Guardian Signature _____________________________

Date _________________

**Photo Authorization:** There may be times in which your child’s photo may be taken individually or with a group during this event. These photos are sometimes displayed in the Church or used on our parish web site and bulletin. No names will be used in connection with these photos. Do we have your permission to use your child’s photos?  □ Yes  □ No

**Medical & Emergency Contact Info**

Any allergies, medical, physical, or dietary restrictions/requirements:

________________________________________________________________________________

Medications presently taking:

________________________________________________________________________________

Medical Insurance Company:

________________________________________________________________________________

Policy # _______________________________

Emergency Contact (other than parent):

Name________________________________________

Phone Number ____________________________