

ST. ROBERT BELLARMINE CONFIRMATION PROGRAM

625 Desert Shadows Lane

FERNLEY NV 89408

775-575-4011

St. Robert's Confirmation

Annual Retreat

November 9-11, 2012

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

I, we, \_\_\_\_\_, grant permission for my/our child, \_\_\_\_\_

to participate in this parish confirmation event. This activity will take place under the guidance and direction of parish employees and/or volunteers from St. Robert Bellarmine.

A brief description of the activity follows:

**The Confirmation students will join students from, Smith Valley, Yerington, Fallon and Dayton for a Retreat on Friday evening, November 9<sup>th</sup> at 6:00pm. Thru Sunday, November 11<sup>th</sup> at 11:30. The Retreat will take place here at St. Robert's Church.**

As parent and/or legal guardian, I/we remain legally responsible for any personal actions taken by the above named minor ("Participant"). I/we agree on behalf of myself, my child herein, or our heirs, successors, and assigns, to release and waive any and all claims for damages which I/we or our child may have so as to release and discharge in advance those parties hereinafter named and further agree to indemnify, hold harmless and defend St. Robert Bellarmine, the ROMAN CATHOLIC BISHOP OF RENO, a corporation commonly referred to as DIOCESE OF RENO, its officers, directors and agents, volunteers and the chaperons, and/or representatives from any and all liability arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I/we further agree to compensate the parish and the Diocese its officers, directors, agents, volunteers, chaperons, and/or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date:

\_\_\_\_\_

Signature of Student

\_\_\_\_\_

Date:

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Dear Parents,

As we discussed at our first meeting, we will be having our annual Confirmation Retreat in November. Registration fee will be \$45 per student. This fee helps offset the cost of the T-Shirt, meals and other supplies. Please contact Sherry for more information, 575-4011. We will spend the weekend reflecting on our Journey of Faith throughout our lives. St. Robert's is the host for the weekend. Please sign the permission slip and return it to the office by November 1<sup>st</sup>. It is a Diocesan requirement that all Confirmation students attend a retreat while they are in Confirmation Prep. If your student is unable to attend this retreat, I have dates for retreats with other parishes, however they tend to be much more expensive.

Please sign the permission slip and consent to treat form sheet. Please have student sign the code of conduct and permission slip as well

Any questions, please call me at 575-4011, or email me at [sherry@strobertbellarmine.org](mailto:sherry@strobertbellarmine.org).

Thank you and God Bless,

Sherry Hall, DRE

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### Items needed for Retreat

- ❖ Clothes for Saturday & Sunday (T-shirt will be provided)
- ❖ Personal Hygiene items (toothbrush, deodorant etc.)
- ❖ Sleeping Bags & Pillow (appropriate night wear)
- ❖ Warm Coat, gloves etc. we will be going outside regardless of weather
- ❖ Snacks for Friday Night to be shared with everyone. Low sugar and healthy snacks, please with no caffeine drinks.

### Items to not bring

- ❖ Cell Phone (if you need to contact parents the leaders will allow you to use their phones)
- ❖ MP3 players or Ipods
- ❖ Hand Held Games
- ❖ Leaders will watch the timing of all events so no need for a watch.
- ❖ Weapons
- ❖ Inappropriate clothing items, or jewelry

If you bring any of these items they will be collected by leaders and returned to you prior to leaving on Sunday.

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ST. ROBERT BELLARMINE  
CONFIRMATION STUDENTS  
CODE OF BEHAVIOR

1. Your behavior at all times should be such that it reflects your goodness, and that of your parents, and St. Robert Bellarmine Parish.
2. You will keep your leaders informed of your whereabouts at all times.
3. You are to report any accidents, injuries, or illnesses to your adult chaperone immediately.
4. Members/participants in any St. Robert Bellarmine Youth Ministry activity may not purchase, consume or be under the influence of alcohol or drugs at any time. Violators will be subject to strict disciplinary action and will be sent home immediately.
5. St. Robert Bellarmine is not responsible for lost or stolen items, please leave unnecessary items at home.
6. Dress appropriately. Belly tops and low-cut tops, tasteless T-shirts, with alcohol/drug slogans or sexual innuendo are forbidden. Appropriate shoes mandatory.
7. We expect you to come to any event with a positive attitude, and respect for yourself, one another and your leaders. Any disrespectful behavior will be dealt with immediately. Continued disrespect will result in parents being contacted and asked to immediately pick you up.
8. Keep your hands to yourself no hitting, pinching, pushing or inappropriate behavior
9. If you disregard these rules, you will be subject to disciplinary action, your parents will be notified and you will be sent home.
10. By signing this Code of Behavior you are agreeing to conform to these rules.

Youth Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Adult Leader: \_\_\_\_\_

Date: \_\_\_\_\_

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### CONSENT TO TREAT FORM

I (we) the undersigned participant, parent or legal guardian of \_\_\_\_\_ do hereby authorize treatment of said participant by licensed medical physician in case of any accident or illness that may arise, or any hospitalization necessary.

The following information might be needed in case of medical emergency please complete and return to the Office of Catechetical and Youth Ministry.

Participant Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Date of Last Tetanus shot: \_\_\_\_\_

Does the participant have any medical conditions?

Asthma\_\_ Diabetes\_\_ Allergies\_\_ Insect bite reactions\_\_ Hey Fever\_\_ Other\_\_

**If yes explain answers including medications taken.**

\_\_\_\_\_  
\_\_\_\_\_

Medications being taken and frequency:


Blood Type: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

We have a first aid kit and some medical supplies such as Tylenol.

May we use our discretion in providing these as needed? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Is there any medication that **should NOT** be given?

\_\_\_\_\_  
**Date Signed:** \_\_\_\_\_

\_\_\_\_\_  
student (print)

\_\_\_\_\_  
Father, Mother or Legal Guardian (print)

Student Signature

Father, Mother or Legal Guardian Signature

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