

# ST. DENIS CONFIRMATION RETREAT

2011

Attention Parents:

As you have already been notified, there have been changes made to the Confirmation Retreat that your candidate will be participating in. The location will now be at the Betania II Marian Center in Medway. It will be held all in one day on **Sunday, September 11<sup>th</sup>, (11:00 a.m. – 9:00 p.m.) drop off at 9:45 a.m. St. Denis Church parking lot.** There will be no Saturday hours as previously scheduled.

**\*\*\*Students will not be allowed to drive their own cars. They need to ride the bus that will depart St. Denis parking lot at 10:00 for the retreat center. The bus will depart the retreat center at 9:00 p.m. and return to the students to the church.\*\*\***

**Please bring back this completed, signed form with you when picking up your Confirmation Packet.** (Date for packet pick-up still to be announced.)

**Forms must be returned to the rectory NO LATER THAN September 1<sup>st</sup>.**

*Thank you!*

Confirmation Students Name

Allergies: (food, medicine or insect)

(N/A if doesn't apply)

Notes:

(Any information that may be helpful or pertinent)

Physician:

(Name & Phone #)

Dentist:

(Name & Phone #)

Insurance Company & Policy #

Phone number(s) that you can be reached at during the retreat:

*Emergency Contact Person & Phone # in the event that you cannot be reached.*

NAME & RELATIONSHIP TO STUDENT

HOME PHONE # AND CELL PHONE #

## Hold Harmless Agreement (Liability)

I, \_\_\_\_\_ hereby indemnifies, defends and saves ("R.C.B.

(print parent's name)

of Worcester, the Parish, its Pastor and agents") harmless against and from any and all claims, damages, judgements, costs, expenses, including attorneys' fees, arising out of and relating to or resulting from ("my child's participation in the Confirmation retreat weekend"), or such as may result from any accident or injury in ("the Confirmation retreat weekend"), however caused.

\_\_\_\_\_  
(parent's signature)

In the event of an emergency, the St. Denis Retreat staff will follow standard 911 procedures for the transport to the nearest hospital if needed.

I give my permission: \_\_\_\_\_

(parent's signature)

(date)