

**ST. DENIS CONFIRMATION RETREAT
2010**

Attention Parents:

As you have already been notified, your Confirmation candidate will be participating in a weekend retreat on **Saturday, August 28th, (6:00 – 10:00 p.m.) drop off at 5:45, and Sunday, August 29th, (11:00 a.m. – 6:30 p.m.) drop off at 10:45.**

*****Students will not be allowed to drive their own cars. They will need to be dropped off and picked up!*****

Please bring back this completed, signed form to the rectory by August 9th.

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)