

St. Bonaventure

Confirmation Year 2 Retreat (November 14-16, 2025: Westminster Woods, Occidental, CA)

PARENTAL PERMISSION

Child's Name _____

Address _____

Phone _____ Birth Date _____

Parent/Guardian Name(s) _____ Home Phone _____

Cell or Other Number _____

IN CASE OF AN EMERGENCY, NOTIFY A PERSON OTHER THAN THE PARENT/GUARDIAN:

Name _____ Phone _____

**PARENTAL PERMISSION AND ACKNOWLEDGEMENT OF
CONDITIONS FOR PARTICIPATION IN THE PROGRAM**

I/We, parent(s) or authorized guardian(s) of the child named above give permission for his/her participation in **Confirmation Year 2 Retreat (November 14-16, 2025: Westminster Woods, Occidental, CA)** and all related activities, including but not limited to transportation to and from this youth ministry and/or Confirmation event sponsored by St. Bonaventure.

I/We agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Faith Formation and/or Youth Ministry staff or adult volunteer leaders.

I/We agree to be responsible for all medical expenses relating to the injury of my/our child because of his/her participation in this event, whether caused by the negligence of the parish, faith formation, and/or youth ministry program employees, agents or volunteers or other participants.

I/We understand that youth participating in faith formation and/or youth ministry events risk injury to the body, psyche, or property damage to themselves and others. Such injuries can be caused by other people or accidentally or intentionally inflicted on self, faulty equipment or facilities, recreational conditions, vehicle accidents while in transport to or through the activity itself.

I have read this Agreement and understand everything written above.

Signature of Parent or Guardian

Date _____