

11720 Joan of Arc \* Houston, TX 77024 \* 713-465-3414

## **Confirmation Retreat Registration 2023-2024**

## (Choose One) Friday Night & Saturday - November 17<sup>th</sup> & 18<sup>th</sup> \_\_\_\_\_

Friday Night & Saturday - January 19 <sup>th</sup> & 20 <sup>th</sup>	
any injury or illness that my child authorize an adult leader of this ad dental or surgical diagnosis, treatr or dentist licensed to practice und	ic Church, it's staff and sponsors, from responsibility and liability for may sustain during this activity. In the event of an emergency, I hereby ctivity, as agent to me, to consent to any x-ray examination, medical, nent and hospital care advised and supervised by a physician, surgeon er the laws of this state where services are rendered, either at a doctor's to be contacted as soon as possible.
PARENT'S NAME:	
SIGNATURE:	
PHONE #:	
Insurance Information	
Family Doctor:	Phone #:
Health Insurance:	Policy #:
List all allergies, special needs, me	dical concerns or medication being taken:
	Jesus breathed on them and said,
	Jesus breathed on them and said, "Receive the Holy Spirit" John 20:22