

SS. Peter & Paul's Confirmation Retreat

March 9-10, 2024

Jesuit Retreat Center of the Sierra, 1001 Boole Rd, Applegate, CA 95703

DIOCESE OF SACRAMENTO YOUTH ACTIVITY PERMISSION, MEDICAL RELEASE, AND PARENTAL CONSENT

STUDENT INFORMATION:

Student Name: _____ Date of Birth: _____ Grade: _____

Please indicate if your son/daughter has any Food Allergies or Dietary Restrictions: _____

Please list any accommodations for disability or major allergies we should be made aware of: _____

TRANSPORTATION - please indicate your choice below:

I request that my son/daughter be assigned to a carpool? _____

I will arrange transportation for my son/daughter to and from the retreat. _____

PARENT/GUARDIAN INFORMATION:

Names of Parent / Guardian: _____

Street Address: _____

City / State / Zip Code: _____

Home Phone #: _____ (Cell Phone #): _____

Parent Email: _____

YOUTH CODE OF CONDUCT:

I, _____ (student name), agree to uphold and exemplify positive Catholic values, and I understand that my participation at the **SSPP Confirmation Retreat** requires compliance with rules and regulations regarding my conduct. I agree to abide by the rules of this event and the supervision of adult leaders, and understand that violations will be dealt with in an immediate and appropriate manner. If I should be in found in violation of any of the rules set for this event, I understand that my parents will be contacted to arrange for my immediate transportation home.

Signature of Student **Date** **Signature of Parent** (acknowledging commitment) **Date**

EMERGENCY HEALTH / MEDICAL INFORMATION AND CONSENT:

In the event of an emergency, I, the undersigned parent/guardian of the child named on this form, hereby give permission to the Diocese of Sacramento, parishes, and their employees, agents, representatives, and adult volunteers, to arrange for and authorize emergency medical treatment for my child, as considered necessary by the attending physician.

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy Number: _____

In the event of an emergency, if you are unable to reach me at the numbers listed above, please contact:

Name: _____ Relationship: _____

Telephone: _____ Alternate Contact Number: _____

Signature of Parent/Guardian **Date**

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MEDICATIONS AND NON-EMERGENCY HEALTH TREATMENT:

If my child becomes ill with symptoms that **do not** indicate emergency medical treatment (e.g., headache, sore throat, fever), I wish to be called and informed of my child's condition.

Yes or No	(initial)

I hereby grant permission for nonprescription medication (e.g., non-aspirin pain relievers, throat lozenges, cough syrup) to be given to my child, if deemed advisable by the adult supervisor of the event. **Yes or No** **(initial)**

If my child is taking medication(s), he/she will bring the medication(s) in well-labeled, original container that includes clear directions for dosage and frequency of use. I hereby give permission for an adult leader to administer the medication(s).

Signature of Parent/Guardian

Date _____

PARENT AGREEMENT / CONSENT

I, the undersigned parent or guardian of the child named on this form give permission for my/our child's participation in the activity referred to on this form, and in addition to the Health/Medical Information Consent provisions that we have agreed to above:

- Direct Child to Cooperate: I agree to direct my child to cooperate and comply with all reasonable directions and instructions from parish/diocesan staff or adult volunteer leaders.
- Consent for Transportation (if applicable): I give permission for my child to be transported to and/or from the specified programs, events, and activities in vehicles driven by adult leaders selected by the parish coordinator, in accordance with diocesan guidelines.
- Responsibility for Medical Expenses: I agree to be responsible for all medical expenses relating to injury of my child as a result of his/her participation in this event, whether or not caused by the negligence of the parish, or diocesan employees, agents, volunteers or other participants.
- Acknowledgment of Risks: I understand that in the course of participating in this event, my child may engage in activity that carries a risk of injury to the body, psyche, or property of themselves and others. Such injuries can be caused by other persons, may be accidental or self-inflicted, or may arise from faulty equipment or facilities, existing conditions of recreational facilities, vehicle accidents while in transport during an event, or through the event itself.

Accordingly, in consideration for being permitted to participate in the specified event, to use the equipment provided, and to enter the premises and facilities of the Diocese of Sacramento, for any purpose including observation of and participation in activities, the undersigned parent or guardian, for him or herself and any successors in interest, and on behalf of the minor child, agrees as follows:

1. To release, waive, discharge, and promise not to sue the Roman Catholic Bishop of Sacramento, a corporation sole, and its affiliated entities, employees, agents, and volunteers (the "Diocese") from all liability for any loss or damage, and any claim or demands therefore on account of injury to the body, injury to psyche, or injury to property of the minor child, or to undersigned parent or guardian, whether caused by negligence or other conduct by the Diocese while the minor child, parent, or guardian is participating in the specified activities or in, upon, or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Diocese from any loss, liability, damage, or cost it may incur due to the acts of the minor child, parent, or guardian in, upon, or about the premises of the Diocese, its facilities or equipment, or while participating in any parish, school, or diocesan activities whether caused by negligence or otherwise.
3. That he or she has read this Consent Form and agreement and voluntarily signs it, and that no oral representations, statements, or inducements apart from the contents of this Form have been made.

I have read this Agreement and understand and agree to everything set forth above.

Signature of Parent or Guardian

Date _____

Please return this form, along with payment (\$80), by Sunday, February 25, 2024

Payment can also be made online at www.rocklincatholic.org/confirmationretreat however, this form would still need to be completed & submitted.