

St. Raphael Confirmation Retreat 2023
Permission and Liability Form
Return Forms to: Office of Religious Education
St. Raphael Catholic Church, 1513 Dunster Road Rockville, MD 20854
The deadline to register is October 15, 2023.

Participant's Name: _____ DOB: _____ Gender: M/F

Address: _____

School: _____ Grade: _____ Adult T-shirt size: XS S M L XL

Parent(s)/Guardian(s) Name(s): _____ Phone: _____

Parent(s)/Guardian(s) email: _____

I, _____, grant permission for my child, _____
Parent or Guardian's Name Name of Child

to participate in this parish youth ministry event that takes place at St. Raphael. This activity will take place under the guidance and direction of parish employees and/or volunteers of St. Raphael Parish.

Time parent can volunteer:

___ Set-up and serve Saturday lunch from 12:30PM to 2:00PM

___ Pick-Up Saturday dinner at 5:45PM

___ Set-up and serve Saturday dinner from 5:45PM-6:30PM

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Raphael Parish, its officers, directors and agents, and the Archdiocese of Washington, D.C., chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Washington, D.C., chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ Date: _____

As a participant of a St. Raphael Parish event, I agree to behave appropriately and participate fully in this event. I also understand and agree that I will notify my parent/legal guardian at the time of any infractions requiring my dismissal from this event and that I will be sent home at my own and/or my parent/ legal guardian's expense.

Participant's Signature: _____ **Date:** _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign ONLY those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Washington, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headaches, vomiting, sore throat, fever, diarrhea, I want to be called collect if necessary (with phone charges reserved to myself).

Signature: _____ Date: _____

Medication: My child is taking medications at present. My child will bring all such medications as necessary, and such medications will be well-labeled and given to an adult upon checking in at the retreat. Names of the medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence.

Allergic Reactions (Medications, Foods, Plants, Insects, Etc): _____

Does child have a medically prescribed diet? _____

Any physical limitations: _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed-wetting, fainting?

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? If so date and disease condition: _____

Does your child have any other medical conditions? _____

St. Raphael's Confirmation Retreat

Saturday, November 4th, 2023

10:00 am – 9:00 pm

Confirmation retreats are run by Annie McHugh and Mike McHugh; with help from young adults from Catholic University, University of Maryland and current high school teens involved in our youth ministry program. This retreat is a special time for many of the Confirmation II students, as they grow in their faith and encounter the Lord in a deeper way. Parent volunteers are needed to help pick-up and serve meals throughout the weekend. It's a wonderful opportunity to be a part of your child's retreat experience! Please indicate on your child's registration form how and when you will be able to help.

What to wear/bring

Participants should wear warm, comfortable clothes. Attire should be modest and appropriate for playing games and sports.

Meals

Saturday Lunch: Domino's Pizza

Saturday Dinner: Chipotle Burittos

If your son/daughter cannot eat one or more of these meals, please arrange to send alternate meals.