

## OUR LADY OF PERPETUAL HELP YOUTH MINISTRY

# IN REVERSE



## YEAR 2 CONFIRMATION RETREAT



**Saturday, March 15, 2025 | 8:30 am – 8:30 pm**

**Sunday, March 16, 2025 | 8:30 am – 2:30 pm**



Location: St. Hilary Catholic Church  
5465 Citronell Ave., Pico Rivera, CA 90660

Breakfast, lunch & dinner will be provided on Saturday.

Breakfast & lunch will be provided on Sunday.

### WHAT TO BRING

- A POSSITIVE ATTITUDE
- AN OPEN HEART
- RETREAT T-SHIRT
- CANDIDATES WITH LAST NAME A-G SNACKS (INDIVIDUALLY WRAPPED)
- H-Z CASE OF WATER
- DRESS MODESTLY

### WHAT NOT TO BRING

- CELL PHONES OR ELECTRONIC DEVICES, AIPODS
- WEAPONS
- DRUG PARAPHERNALIA, CIGARETTES, VAPES - ZERO TOLERANCE!

*During this retreat, we will embark on a journey to a more intimate relationship with God. The apostles asked Jesus to teach them how to pray. The goal of "In Reverse" is to help the teens look at the Our Father in a new way, with new eyes of faith.*

**Emergency Contact**  
**Monica Tafolla (213) 948-1909**

# IN REVERSE



## **RETIRO DE CONFIRMACIÓN DE 2 AÑO**



**sabado, 15 de marzo de 2025 | 8:30 am – 8:30pm**  
**domingo, 16 de marzo de 2025 | 8:30 am – 2:30 pm**



Lugar: St. Hilary Catholic Church  
5465 Citronell Ave., Pico Rivera, CA 90660

Incluye desayuno, lonche & cena el sabado.

Incluye desayuno & lonche el domingo.

### **QUE TRAER**

- UNA ACTITUD POSITIVA
- UN CORAZON ABIERTO
- CAMISETA DE RETIRO
- CANDIDATOS CON APPELLIDO  
A-G CAJA DE SNACKS (ENVUELTOS  
INDIVIDUALMENTE  
H-Z BOTELLAS DE AGUA
- VESTIR MODESTAMENTE

### **QUE NO TRAER**

- TELEFONOS O ELECTRONICOS,  
AIRPODS
- ARMAS
- DROGAS, CIGARRILLOS,  
VAPEADORES-CERO  
TOLERANCIA!

*Durante este retiro, nos embarcaremos en un viaje hacia una relación más íntima con Dios. Los apóstoles le pidieron a Jesús que les enseñara a orar. El objetivo de "In Reverse" es ayudar a los jovenes a mirar el Padre Nuestro de una manera nueva, con nuevos ojos de fe.*

**Numero de Emergencia**  
**Monica Tafolla (213) 948-1909**





# Our Lady Of Perpetual Help Church

## Youth Ministry & Confirmation Program

8545 S. Norwalk Blvd. Los Nietos, CA 90606 562-463-3391 office / 213-948-1909 cellular

### STUDENT & YOUTH ACTIVITY PERMISSION FORM

**Activity:** Year 2 Confirmation Retreat

**Location:** St. Hilary Catholic Church | 5465 Citronell Ave, Pico Rivera, CA 90660

**Date:** March 15, 2025 | 8:30 am - 8:30 pm & March 16, 2025 8:30 am - 2:30 pm

Transportation by Parents

Minor's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: Male / Female

Address: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Person to Notify in case of an Emergency if Parent or Guardian is unavailable:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Medical Information:

Health Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

I request that my child be permitted to participate in the above activity. I am not aware of any physical or medical condition my child has that would prevent my child from participating fully in this activity. My son/daughter has the following medical needs, allergies or dietary restrictions \_\_\_\_\_ If my child needs to take medication while participating in this activity, I hereby give my child permission to self-administer his/her medication in accordance with the Medication Authorization and Permission Form, and, if my child cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my child's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgment in obtaining and providing medical treatment for my child should it become necessary to do so. I understand that health insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to reimburse the Location for the cost of any medical treatment and related expense incurred.

Release of Liability: As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, Our Lady of Perpetual Help and St. Hilary Catholic Church, their respective agents and employees and any parent/volunteer/chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my child may suffer as a result of participation in the activity described above.

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_