



DIOCESE OF KALAMAZOO

Group Participant Form

Confirmation Retreat

Saturday, February 17, 2024

Parish Name _____ Parish City _____

	Name	Date Virtus Trained	Date of Background Check
Chaperone 1	_____	_____	_____
Chaperone 2	_____	_____	_____

	Name	Grade	Medical Form	Permission Form
Student 1	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Student 2	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Student 3	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Student 4	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Student 5	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Student 6	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Student 7	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Student 8	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

	Name	Date Virtus Trained	Date of Background Check
Chaperone 3	_____	_____	_____

	Name	Grade	Medical Form	Permission Form
Student 9	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Student 10	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Student 11	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Student 12	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Student 13	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Student 14	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Student 15	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Student 16	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

	Date Virtus Trained	Date of Background Check
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Chaperone 4

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Name	Grade	Medical Form		Permission Form

Student 17

		<input type="checkbox"/>		<input type="checkbox"/>
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Student 18

		<input type="checkbox"/>		<input type="checkbox"/>
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Student 19

		<input type="checkbox"/>		<input type="checkbox"/>
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Student 20

		<input type="checkbox"/>		<input type="checkbox"/>
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Student 21

		<input type="checkbox"/>		<input type="checkbox"/>
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Student 22

		<input type="checkbox"/>		<input type="checkbox"/>
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Student 23

		<input type="checkbox"/>		<input type="checkbox"/>
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Student 24

		<input type="checkbox"/>		<input type="checkbox"/>
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				Date of Background Check
Name	Date Virtus Trained			

Chaperone 5

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Name	Grade	Medical Form		Permission Form

Student 25

		<input type="checkbox"/>		<input type="checkbox"/>
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Student 26

		<input type="checkbox"/>		<input type="checkbox"/>
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Student 27

		<input type="checkbox"/>		<input type="checkbox"/>
--	--	--------------------------	--	--------------------------

Student 28

		<input type="checkbox"/>		<input type="checkbox"/>
--	--	--------------------------	--	--------------------------

Student 29

		<input type="checkbox"/>		<input type="checkbox"/>
--	--	--------------------------	--	--------------------------

Student 30

		<input type="checkbox"/>		<input type="checkbox"/>
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Student 31

		<input type="checkbox"/>		<input type="checkbox"/>
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Student 32

		<input type="checkbox"/>		<input type="checkbox"/>
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Name	Date Virtus Trained	Date of Background Check
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Chaperone 6

Name	Grade	Medical Form	Permission Form
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Student 33

Student 34

Student 35

Student 36

Student 37

Student 38

Student 39

Student 40

Name	Date Virtus Trained	Date of Background Check
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Chaperone 7

Name	Grade	Medical Form	Permission Form
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Student 41

Student 42

Student 43

Student 44

Student 45

Student 46

Student 47

Student 48

Name	Date Virtus Trained	Date of Background Check
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Chaperone 8

Name	Grade	Medical Form	Permission Form
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Student 49

Student 50

Student 51

Student 52

Student 53

Student 54

Student 55

Student 56

Name	Date Virtus Trained	Date of Background Check
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Chaperone 9

Name	Grade	Medical Form	Permission Form
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Student 57

Student 58

Student 59

Student 60

Student 61

Student 62

Student 63

Student 64

ADULT GENERAL AND MEDICAL RELEASE FORM

Reason for which this release is intended: Diocese of Kalamazoo Confirmation Retreat 2/17/2024

Statement of Consent and Medical Release

In consideration of my being allowed to participate in the **Diocese of Kalamazoo Confirmation Retreat**, I hereby agree to release _____ Parish, the Roman Catholic Diocese of Kalamazoo, and any and all affiliated organizations, their employees, agents, representatives and volunteers, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me arising from or relating to my participation in this diocesan youth gathering. In the event this release on behalf of myself is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me arising from or relating to my participation in this event. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim; but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

I do hereby authorize treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. I understand that reasonable attempts will be made as soon as possible to contact one of my emergency contact persons at the phone numbers listed in connection with any accident or emergency medical care. I understand that I retain all responsibility for costs associated with my medical care.

Name: _____ Date of Birth _____

Home Address: _____ City: _____

Home Phone: _____

List allergies, medication, contacts, or other pertinent comments: _____

Family Physician: _____ Physician Phone: _____

Physician Address: _____ City: _____

Emergency Contact Name and Telephone Number:

Name: _____ Daytime Phone: _____

Evening Phone: _____ Cell Phone: _____

If the person listed above is unavailable, alternate emergency contact person and phone number:

Name: _____ Daytime Phone: _____

Evening Phone: _____ Cell Phone: _____

Health Insurance Data:

Company: _____ Policy #: _____

Group #: _____ Contract #: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

I fully understand and agree to the above terms and sign this form knowingly, willingly and freely.

Signature of Participant

Date

Please return this entire form to your parish group leader.

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from _____ School and/or Parish.

Name of Event: Diocese of Kalamazoo Confirmation Retreat

Destination: St. Philip Parish, Battle Creek, MI

Designated Supervisor of Activity: _____

Date and Time of Departure: 2/17/2024

Method of Transportation: _____

Student Cost: \$40

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

*******STATEMENT OF CONSENT*******

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this field trip, I hereby agree on behalf of myself and my child, to release _____ School and/or Parish, the Roman Catholic (Arch)diocese of _____, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf on my child, arising from or relating to my child's participation in the field trip. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

(Print Parent's Name)

(Parent's Signature)

(Date)

With my signature, I hereby grant permission to the Diocese of Kalamazoo to use photos of my child in Diocesan communications (e.g. website, Facebook, magazine) and for a digital image to be posted on the photographers public website for access.

Signature

Please return this entire form by: _____ to _____

(Date)

(Person)

MEDICAL TREATMENT AUTHORIZATION

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: **Confirmation Retreat 2/17/2024**

Address of Minor: _____ City: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medications, contacts, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group Name: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____ Signed: _____

(Parent or Guardian)

Relationship to minor: _____