

SAINT FRANCIS  
OF  
ASSISI

ROMAN CATHOLIC CHURCH  
HENDERSON, NEVADA



CONFIRMATION I 2019 RETREAT REGISTRATION FORM

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Family Email: \_\_\_\_\_  
(for regular retreat reminders and updates)

T-Shirt Size (circle one):    Small                      Med                      Large                      XL                      XXL

Each year of your student's preparation they will need to attend a retreat. The retreats are opportunities for what the Catechism of the Catholic Church calls "more intense prayer" (CCC 1310). Each year your student has two options to choose from, and we allow a maximum of 60 students on any one retreat. This registration form must be completed by **August 25/28, 2018**. Select from one of two options:

\_\_\_\_\_ Nov 8-10, 2019

Or

\_\_\_\_\_ Nov 15-17, 2019

Current Itinerary

6:00pm, Friday — Parent & Participant Rally (Dinner Included)

6:00am, Saturday — Participants arrive at Parish for Check-in

6:30am, Saturday — Charter Bus to Potosi Pine Retreat Center

(All meals from Breakfast Saturday– Lunch on Sunday will be included at the retreat center.)

2:00pm, Sunday — Charter Bus departs retreat center for Parish

3:00pm, Sunday — Arrive at Parish for check-out

I (Parent/Guardian Name) \_\_\_\_\_  
intend to register my student for the above selected retreat.

Parent/Guardian signature: \_\_\_\_\_

☐

Check this box if you would like us to contact you about being a retreat leader on your participant's retreat.

FIELD TRIP

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

I/We, \_\_\_\_\_ grant permission for my/our child,  
Parent/Guardian Name

\_\_\_\_\_ to participate in this Parish/School/Institution event  
Child's Name

that requires transportation to a location away from the Parish/School/Institution site. This activity will take place

under the guidance and direction of Parish/School/Institution employees and/or volunteers from \_\_\_\_\_

St. Francis of Assisi Roman Catholic Church  
Parish/School/Institution. A brief description of the activity follows:

Type of event: Confirmation I Retreat

Date of Event: Various

Destination of event: Potosi Pines Retreat Camp

Individual in charge: David Hall

Estimated time of departure and return: Depart 6:30pm on Sat return 4:00pm on Sun

Mode of transportation to and from event: Charter Bus

(If using waiver for multiple events see p. 3)

As parent and/or guardian, I/we remain legally responsible for any personal actions taken by the above named minor ("participant").

When it is necessary to arrange for overnight accommodations for a field trip the following Diocesan policy will be effective:

- Students must be roomed with other students only.
- Chaperons and teachers must be roomed with chaperons and teachers only.
- It is not permissible for a student to be roomed with a chaperon or teacher.

The ratio of students to chaperons/teachers will not exceed 8 to 1 for any fieldtrip.

I/We agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to release and waive any and all claims for damages which I/we or our child may have so as to release and discharge in advance those parties hereinafter named and further agree to indemnify, hold harmless and defend The Roman Catholic Bishop of Las Vegas, and His Successors, a Corporation Sole (The Diocese of Las Vegas), its officers, directors and agents, volunteers, chaperons, and/or representatives, and the Parish/School/Institution from any and all liability arising from or in

St. Francis of Assisi Roman Catholic Church

(Name of the Parish/School/Institution)

connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection herewith, and I/we further agree to compensate the Parish/School/Institution and the Diocese, its officers, directors, agents, volunteers, chaperons, and/or representatives associated with the event for reasonable attorney fees and expenses arising in connection therewith.

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

Print Name: \_\_\_\_\_

**MEDICAL MATTERS:** I/We hereby warrant that to the best of my/our knowledge, my/our child is in good health, and I/we assume all responsibility for the health of my/our 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/we hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I/We 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/us at the above numbers, contact:

Name and relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

**Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

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

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required:

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

I/We hereby grant permission for non-prescription medication (such as acetaminophen, throat lozenges, cough syrup) to be given to my child if deemed appropriate.

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

**Specific Medical Information:** The Parish/School/Institution will take reasonable care to see that the following information will be held in confidence.

Allergic reaction (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have medically prescribed diet? \_\_\_\_\_

Are there any physical limitations? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THIS RELEASE MUST BE SIGNED BY BOTH PARENTS.** If only one parent signs this document, that parent presents and warrants to the Diocese that he/she is the sole custodial parent of the student participant with the authority to sign this waiver and release form.

Signature of Father: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s) phone number in case of emergency: \_\_\_\_\_ or \_\_\_\_\_

## Multiple Events Schedule

I/We **permit** my/our child to participate in the following activities:

Date	Activity	Location	Depart/Return	Mode of Transportation
11/9/19	Confirmation I Retreat	Potosi Pines Retreat Center 10910 Mount Potosi Canyon Rd, 89161	Depart 6:30am	Charter Bus
11/10/19	Confirmation I Retreat	Potosi Pines Retreat Center 10910 Mount Potosi Canyon Rd, 89161	Return 4:00pm	Charter Bus
OR				
11/16/19	Confirmation I Retreat	Potosi Pines Retreat Center 10910 Mount Potosi Canyon Rd, 89161	Depart 6:30am	Charter Bus
11/17/19	Confirmation I Retreat	Potosi Pines Retreat Center 10910 Mount Potosi Canyon Rd, 89161	Return 4:00pm	Charter Bus

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

I/We **do not** permit my/our child to participate in these activities:

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