

8th grade *Confirmation Day of Reflection* Registration Form 2011-12

Please choose a day for your retreat.

___ February 25th, 2012
___ March 3rd, 2012

Please check your schedules carefully. A limited amount of space is available for each day. Dates will be assigned on a first come, first serve basis. Turn in your registrations early if you want to make sure you get the day you want.

All Days of Reflection will be held at St. Wenceslaus Parish.

- † Please arrive at St. Wenceslaus Church *no later than 10 a.m.*
- † Students will be dismissed @ 6 PM after attending Mass in the community room together
- † **Please bring a sack lunch and drink for lunch.**
- † Do not bring electronic devices to the retreat. All cell phones (for those who need to call for a ride) will be checked into the office at the beginning of the retreat.

Please complete **BOTH** sides of this form completely and return to the Faith Formation Office *no later than Wednesday, January 25th*. Spaces are reserved on a first come/first serve basis. **Incomplete forms will not reserve your spot.**

Please Print:

Candidate Name _____ Sex: Male Female

Home Phone _____ Parent Cell Phone _____

Complete Address _____
Street City Zip

Email Address _____

Parent/Guardian Name _____

I am willing to assist in the retreat. I am certified in Safe Environment (required).

Name _____

The best way to contact me is (provide phone &/or email address):

Complete Other Side

Parental/Guardian Consent and Liability Waiver

Minor Name _____ Birth Date _____ Sex: M F

Parent/Guardian's Name _____ Home Phone _____ Cell Phone _____

I, _____, grant permission for my child, _____, to participate in events sponsored by St. Wenceslaus Catholic Church. Activities will take place under the guidance and direction of employees and volunteers of St. Wenceslaus Church. A brief description of the event follows:

Name of Event: Confirmation Day of Reflection
Date: February 25th and March 3rd *(Please DO NOT circle, Office Use Only)*
Location: St. Wenceslaus Parish
15353 Pacific St., Omaha, NE 68154
Time: 10 AM – 6 PM.
Contact Person: Nicholas Emanuel (330-1889)

As parent and/or 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 heirs, successors, and assigns, to hold harmless and defend St. Wenceslaus Church, its officers, directors and agents, and the Archdiocese of Omaha, chaperons, 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/school, its officers, directors and agents, and the Archdiocese of Omaha, chaperons, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Pictures of my child taken during events may be used in print or electronic media for the purposes of publicity for future events, unless I indicate to St. Wenceslaus Church in writing to the contrary.

Signature _____ Date _____

Medical Release

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 # _____
Parent/Guardian Signature _____ Date _____

Other Medical Treatment: In the event it comes to the attention of St. Wenceslaus parish/school, its officers, directors and agents, and the Archdiocese of Omaha, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).
Parent/Guardian Signature _____ Date _____

Medication: 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 medication, including dosage and frequency of dosage, are as follows: _____
Parent/Guardian Signature _____ Date _____

I hereby grant permission for non-prescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.
Parent/Guardian Signature _____ Date _____

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

Medical Conditions: _____
Allergic reactions (medications, foods, plants, insects, etc.): _____
Any physical limitations? _____