



PARENT/LEGAL GUARDIAN CONSENT FORM

Confirmation Overnight Retreat at Silver Bay located at

87 Sliver Bay Rd, Silver Bay, NY

Saturday, September 19, 2015 8:30am until Sunday, September 20, 2015 12:30pm

I, _____, the parent or guardian of _____,
(name of parent/guardian) (name of youth)

a child/youth at or affiliated with Christ Our Light Catholic Church, hereby grant permission for the above child/youth to attend the following retreat.

Confirmation Candidates need to arrive at Christ Our Light church by 8:30am on Saturday, Sept. 19, 2015 to board the bus. We will have a very light snack on the bus. We will travel for about an hour and a half to Silver Bay. Candidates must remain in their assigned rooms during the night and will abide by the assigned lights out time. We will remain on Silver Bay property until we board the bus on Sunday, Sept. 20, 2015 at 11am. Pick up at Christ Our Light will be at 12:30pm on Sunday the 20th. Meals included will be lunch and dinner on Sat and breakfast on Sun. Parents are responsible for drop off and pick up at Christ Our Light at designated times. In the event of an emergency and you need to contact your young person while on retreat, please call 543-8833.

I have read and understand the guideline for the activity, and understand that if my child does not follow them, I will be called collect and asked to bring him/her home. I agree to come and pick my child up if called to do so. I understand that my child may or may not be selected for participation in this activity based on numbers, past behavior, lack of chaperones, or other considerations. Participants will be asked to put away their phone at the beginning of the event and will be asked to hand it to a chaperone until the end of the event if it is found being used. I give permission for photos to be taken of my son/daughter at parish sponsored events, and for those photos to be used on the Parish/Diocesan web pages or mailings.

I authorize the employees, representatives or chaperones of Christ Our Light Catholic Church to obtain emergency medical treatment, should it be necessary, during my youth's attendance and participation in the above stated activities/programs.

Doctor's Name _____ Address _____ Phone _____

Ins. Co. _____ Policy # _____

Special diet? _____ Vegetarian? _____

Allergies? _____ Disabilities? _____

Other conditions? _____ Allergic to any
medication? _____ Allergic to insect bites/stings? _____ (over →)

List medications (prescription and "over the counter") that you will/might be bringing/taking during the activity:

****Please note:** No medications of any type can be given to your child. Please make sure that they have what they may need.

I understand that I will be notified immediately should it become necessary to obtain emergency treatment. The person(s) who should be notified and their telephone number(s) are:

Name _____ Phone _____

Name _____ Phone _____

In consideration of my child's attendance and participation, I hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all claims for damages I may have against Christ Our Light Catholic Church, the Roman Catholic Diocese of Albany, New York, and their representatives, chaperones, employees, successors or assigns arising out of any and all injuries by my child while participating in this activity/program.

I fully understand what is involved in these trips, and I understand that I have the opportunity to call the Pastoral Associate for Youth Ministry to ask them about the activity/program.

In case of an emergency, I can be reached at _____.

(signature of parent/guardian) _____ / _____ / _____
(date)

For youth: I understand the guidelines for this activity of NO SMOKING/USE OF TOBACCO, ILLEGAL DRUGS OR ALCOHOL, NO WEAPONS OF ANY KIND, NO USE OF CELL PHONES DURING THE EVENT, NO IPODS, PERSONAL MUSIC DEVICES, NO GANG ATTIRE OR CLOTHING WITH ALCOHOL, TOBACCO OR INNAPPROPRIATE ADS OR LANGUAGE, NO PDA'S OR SEXUAL ACTIVITY, FOLLOW STAFF REQUESTS & DRESS CODE, RESPECT PEOPLE/PROPERTY, NO LEAVING SITE, NO PUTDOWNS, BULLYING OR OTHER HARASSMENT, NO BEHAVIOR WHICH PUTS YOURSELF/ANYONE IN ANY DANGER, NO FIREWORKS, AND POSITIVE AND ACTIVE PARTICIPATION IN ALL ACTIVITY. I understand that if I do not follow these guidelines, my parents will be called and asked to take me home immediately.

(signature of youth) _____ / _____ / _____
(date)

*****Two people are assigned to a bedroom. Please list one person of the same gender whom you would like to room with. We will do our best to accommodate your request:**

(name)