Confirmation 2 Retreat Info

Sept 3-5, 2021

Where

Camp Kappe

7738 Camp Kappe Rd. Plantersville, TX 77363

When

Drop off: **5:30pm** Sept 3, 2021

Pick up: **4pm** Sept 5, 2021

Both drop off and pick up will be at Most Holy Trinity. Check in will be in St. Basil Hall.

Who

Youth beginning Confirmation Year 2 in Fall 2021

Cost: $130

What to bring

-Toiletries
-Towel
-Bedding (sheets/blanket or sleeping bag, pillow)
-Modest, comfortable clothing, light jacket
-Pjs
-Bible, journal, rosary
-Mask

What not to bring

-Phone
-Airpods, headphones
-Drugs, vapes, alcohol, weapons

*They will be taken up if you bring them

Emergency Contact

Rachel Dedas 979-285-4321

Camp Kappe 713-741-8723

Registration Due Aug 1, 2021

Please bring snacks to share (ones that you like, but are willing to share)

PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Participant's Name_____ Date of Birth___/___/_____ Age____
Youth Email_____ Youth Phone(___)_____Grade_____ Sex____
Parent(s)/Guardian(s)_____ Home Phone (___)_____
Alternate Phone Number: (___)_____ Email_____
Home Address City/Zip Code_____ T-Shirt Size_____

CONSENT & LIABILITY WAIVER

Important! To be filled out by the Parent/Guardian for youth under 18 years of age.
(If participant is 18 years of age or older, consent must be signed by the individual)

I (name of parent/guardian) _____, grant permission for my child, (participant's name),_____ to participate in (event) **Kerygma Retreat (C2)** to be held (date) **Sept 3-5, 2021** at (location) **Camp Kappe**. In consideration of my child's participation in this event, I agree on behalf of myself, my child named herein, and our heirs,successors, and assigns to indemnify, hold harmless and defend the Archdiocese of Galveston-Houston, the sponsoring parish, its pastor, youth ministry leader, principal, other agents, employees or other representatives associated with the event from any and all injuries, losses or claims arising out of my child's participation in the event. ***In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.***

_____ _____
Signature (Parent/Guardian) **Date**

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies and rules established for this event/activity (see Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

_____ _____
Signature (Youth Participant) **Date**

VIDEO/PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video etc.) in highlighting the event.

_____ _____
Signature (Parent/Guardian) **Date**

MEDICAL CONSENT FORM

Medical Matters

I hereby warrant 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 in accordance with your wishes:

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 and I understand that all financial obligations are my responsibility.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship _____Phone _____

Family Doctor _____Phone_____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows

My child is taking the following medication at the present time.

Medication(s): _____ Dosage: _____

Administer: _____

_____ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information: (Archdiocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

- Has had an episode of the following or has been diagnosed with: ـــسSeizures ـــسAsthma ـــسDiabetic
- Allergic reactions to the following (foods, dyes, latex etc.)_____
- Has had a medical surgery within the last six months? ـــسyes ـــسno Still under doctor's care? ـــسyes ـــسno
- Has a medically prescribed diet?_____
- The following physical limitations?_____
- Immunizations current & up to date? ـــسyes ـــسno Date of last tetanus/diphtheria immunization_____
- You should also be aware of these special medical conditions of my child (e.g. depression, anxiety, etc.):

_____

Insurance Information: ـــس **No, I do not carry medical insurance at this time.**

Insurance Carrier: _____ Name of Insured:_____

Insurance Policy Number:_____

Father's Name: _____Day Phone:_____

Mother's Name:_____Day Phone:_____

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself). I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

_____ _____

Signature (Parent/Guardian) Parent/Guardian must sign for anyone under 18 years of age. Date

_____ _____

Signature (Participant 18 years of age or older must sign own consent) Date