

# Reflections Confirmation Retreat 2024

**Date: Friday, February 16th 2024**-leave St. Raphael parking lot at 6:00pm.

(Please have your son/daughter eat dinner before arriving)

Return to St. Raphael parking lot on **Sunday, February 18th 2024**, at approximately 5:30pm.

**In order for your son/daughter to benefit from the retreat experience, they will be required to attend the Entire retreat.**

**Where:** Dickson Valley Retreat Center in Newark, IL  
Emergency phone number: 630-553-6233  
Pete Makris cell phone: 248-797-4168  
Michele Kmety cell phone: 708-269-2426

**Cost:** **\$175.00-Checks** can be made out to St. Raphael Church or pay online via our website. Under the Faith Formation dropdown tab, click Reflections Retreat and click the payment link.

**What To Bring:** Comfortable clothing (dress for the weather-there are both indoor and outdoor activities), sleeping bag/sheets and blanket, pillow, toiletries, towel and a pair of gym shoes for activities/games. There are periods of time where we sit on the floor so feel free to bring a small pillow or mat to sit on.  
**Please label personal belongings.**

**Do Not Bring:** AirPods, gaming devices, laptops, tobacco, vaping devices, weapons, drugs or alcohol. Your teen may bring their cell phone to use in an emergency, but we expect them to keep it in their room or off at all times. We don't want to see it!

Registration is considered complete once we have received all required forms and full payment. This retreat will fulfill the weekend retreat requirement for Confirmation. When you submit your completed registration form and fees you will receive an email from the YFF office confirming that your son/daughter are registered for the February retreat.

**All forms and payment are due by Sunday, February 4th, 2024**

# 2024 Reflections Confirmation Retreat Permission Form

I hereby request and give permission for:

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ T Shirt Size S M L XL XXL

Address: \_\_\_\_\_  
\_\_\_\_\_

To participate in the Reflections Confirmation Retreat at Dickson Valley Camp in Sandwich, IL  
**February 16th –18th 2024**

## Videotaping & Still Photographs

Video and still photos may be taken during this event. Event registration constitutes permission for possible participation in the videotaping and/or still photographs. These may be used for future promotional efforts, including the Diocese of Joliet and the St. Raphael Catholic Church websites.

## Code of Behavior

You are representing St. Raphael's in our diocese during this event you will represent us well. We expect that you will display a mature and responsible behavior that for many years has been the trademark of Catholic youth and adults of our diocese.

## Expectations for participants:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language, behavior, and bullying will not be tolerated.
3. Socializing should always be done in public areas.
4. Destruction or vandalism of buses or retreat property will not be tolerated.
5. Dress code should reflect the value of modesty. Graphics and writings on clothing should reflect Christian values.
6. The possession or consumption of any alcoholic beverage and/or possession of any illegal drug by an individual is not permitted.
7. Smoking, vaping, or any tobacco products are not permitted.
8. Weapons and/or drug paraphernalia are not permitted.
9. If under the age of 18, prescription drugs need to be given to an adult leader from St. Raphael for storage and distribution.
10. Failure to observe any of these expectations can result in immediate dismissal from the retreat with no refund. Participants may be responsible to local authorities as well.

*I understand and agree to the behavior code stated above. I also understand and agree that if at any time I fail to observe any expectations that may require my dismissal, my parent or guardian will be notified and will be responsible for my removal from the premises and at any cost involved. Dismissal from the retreat could result in a delay of receiving the Sacrament of Confirmation until other requirements are met.*

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\***Please be sure to complete back side**\*\*\*\*\*

**Parent/Guardian:** I hereby release and indemnify St. Raphael Parish, Naperville II, its staff, volunteers and the Joliet Diocese, its staff and volunteers, from any and all liability arising from claims of any kind or nature whatsoever from my teen's participation in this event. I understand that any infractions of the rules may result in immediate dismissal from the event and I will be responsible for any costs or other requirements for immediate transportation home.

I grant permission for the administration of first aid to \_\_\_\_\_

(Participant's Name)

by the individuals in charge of the retreat and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that every effort will be made to contact the parents/guardians of the participant. In the event I cannot be reached, I hereby give permission to the physician selected by the adult retreat staff to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery if deemed necessary.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent Guardian Name and Email: \_\_\_\_\_

INSURANCE INFORMATION: Policy in the name of: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy#: \_\_\_\_\_

ID#: \_\_\_\_\_

Authorized Physician's Name: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Allergic to Medication? \_\_\_\_\_ If yes, what? \_\_\_\_\_

**Any special medical conditions/dietary needs to be aware of?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medication(s) which will need to be administered to your child: \_\_\_\_\_

\_\_\_\_\_

**PLEASE RETURN ALL PERMISSION FORMS INCLUDED IN THE PACKET AND THE  
RETREAT FEE OF \$175.00 TO THE YOUTH FAITH FORMATION OFFICE.  
DEADLINE FOR RETREAT REGISTRATION IS SUNDAY, FEBRUARY 4TH, 2024!**