

# February 8, 2025 Confirmation Retreat Permission Form

I hereby request and give permission for:

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

Male: \_\_\_\_\_ Female: \_\_\_\_\_

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

## 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 the form in full**\*\*\*\*\*

**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 AND THE RETREAT FEE OF \$75.00 TO  
THE YOUTH FAITH FORMATION OFFICE.**

**DEADLINE FOR RETREAT REGISTRATION IS Monday, February 3rd 2025**

**Space is limited**