



Called and Chosen Confirmation 1 Retreat

Holy Rosary Church- Parish Hall

Oct. 27, 2018

**COST: \$75 PER PERSON if
turned in by October 17, 2018**

OR

**\$85 late registration
due by October 24, 2018**

**Please note if the form and payment are not turned in by
Oct.17th the teen might not get a t-shirt. Forms and money due
by Wednesday, October 24, 2018 at the latest.**

Contact: Tina Hollopeter
(281) 342-3089 ext. 106 or thollopeter@hrccr.com

Holy Rosary/St. Wenceslaus Youth

Holy Rosary/St. Wenceslaus Confirmation 1 Retreat

The retreat will help the teens recognize their status as a child of God, call them to a life of holiness, and encourage them to commit to the confirmation process. A retreat team consisting of adults and a retreat master will put on and facilitate the retreat.

FOR WHOM: This is a required retreat for all students in the first year of the Confirmation process.

WHERE: Holy Rosary Catholic Church – Parish Hall.

DATES AND TIMES: Saturday, October 27, 2018. Arrival time is 7:45a.m. at the Parish Hall and will conclude at appx 8:00 p.m. ***Students must be present for the entire retreat!***

MEALS: A light breakfast, lunch, and dinner will be served. **Each retreatant should bring snacks & water to share throughout the day (chips, cookies, fruit, etc.)** Snacks need to be turned in at check-in, as food and snacks are not allowed outside of the main hall.

COST: The fee for the retreat is \$75.00 before Oct. 17, 2018. The late registration fee is \$85.00 after Oct. 17th. No forms or payments will be accepted the day of the retreat. Payment and completed forms are due at registration. This includes meals, retreat supplies, t-shirt, and a retreat gift. Late registrations are NOT guaranteed a correct size t-shirt, or a t-shirt at all, as t-shirts need to be ordered in advance.

REGISTRATION: The attached registration and release form must be completed and signed by a parent or guardian. The completed form, along with the fee, is due no later than **Wednesday, October 24, 2018**. Please mail the form with the fee to Tina Hollopeter 1416 George St. Rosenberg, Texas, 77471, or drop it off at the Church Office. Checks can be made out to Holy Rosary Catholic Church. Please put Confirmation 1 retreat in the memo.

RULES: All registered youth must be present for the entire retreat. Should behavior of a youth be judged unacceptable by an adult or the retreat team, a parent will be called to pick up their youth. Weapons, tobacco, alcohol, or any other illegal substances are strictly forbidden from the retreat. Anything found in contradiction to the law or Archdiocesan policy will be dealt with by contacting parents and law enforcement agents if necessary.

BRING: You may want to bring comfortable clothes, and check the weather on Friday to see what the weekend is going to look like. We may be going outside from time to time. **Also, please bring any medication in the original, labeled container that may be needed on the retreat. This includes aspirin or Tylenol. All medications, including non-prescription medications, should be listed on the registration and release form and be turned in at check-in.**

DO NOT BRING: Cell phones, video games, TV's, or laptops. In the event you need to get in touch with your parents, you may use the house phone or one of the adult's cell phones. Weapons, drugs, or alcohol is strictly prohibited! If found or discovered, teens will have their parents called to come and pick them up. Other offenses and punishments will be discussed depending on the severity of the violation.

QUESTIONS: Please contact Tina Hollopeter 281-342-3089, extension 106. Emergency number for parents: Tina Hollopeter cell: 713-303-5163.

**Archdiocese of Galveston-Houston / Holy Rosary Catholic Church
Holy Rosary/St. Wenceslaus Confirmation 1 Retreat**

**PARENTAL/GUARDIAN CONSENT, LIABILITY WAIVER AND MEDICAL
CONSENT**

Participant's Name _____ Date of Birth _____

Home Address _____

City _____ Zip Code _____

Parent/Guardian _____ Home Phone (____) _____

Parent Cell Phone Number: (____) _____

Parent's E-mail _____ Teen T-Shirt Size _____

Parish _____ Grade _____ Age _____ Sex _____

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

Holy Rosary Confirmation 1 Retreat to be held on October 27, 2018 at Holy Rosary- Parish Hall

I agree on behalf of myself, my child's other parent if known or living (name of parent) _____. My child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Archdiocese of Galveston-Houston, Holy Rosary/St. Wenceslaus Catholic Church (its pastor, youth minister, other agents, etc.), the sponsoring parish (its pastor, youth minister, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless or negligent.

Signature (Parent/Guardian)

Date

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

Date

PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures (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, etc.) in highlighting the event.

Signature (Parent/Guardian)

Date

MEDICAL CONSENT

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.

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

(Parish personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

Has had an episode the following or has been diagnosed: Seizures Asthma Diabetic

Allergic reactions to the following (foods, dyes, latex etc.) _____

Has had a medical surgery within the last six months? Yes No Still under doctor's care? Yes No

Has a medically prescribed diet? _____

The following physical limitations? _____

Immunizations current and up to date: Yes No Date of last tetanus shot: _____

You should also be aware of these special medical conditions of my child:

Insurance Information

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