

2024 SUMMARY SHEET

Page ___ of ___

Confirmation Retreat Registration

- Duplicate this sheet as needed, please list totals only on first page (special needs/medical on the following sheet).
- Each parish should have at least two chaperones at retreat in case a chaperone must accompany a student in an emergency. Groups should maintain a safe student to chaperone ratio (8:1 -- 10:1 is reasonable).

Parish/School _____ City: _____

Coordinator: _____ Phone: _____ E-mail: _____

Group Leader (At Retreat): _____ Cell: _____ E-mail: _____

Chaperone: Name

Medical/Special Needs

(check & list on back)

1.	_____	_____	_____
Student 1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Chaperone: Name

Medical/Special Needs

(check & list on back)

2.	_____	_____	_____
Student 11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____

Payment

Total # of participants: _____ x\$20 = \$_____ (Please write one check for your entire group)

*Return form by March 1, 2024 to: Janice Martin WP
Confirmation Retreat Registrations / P.O. Box 390 / Fort Wayne, IN 46801*

MEDICAL INFORMATION AND/OR SPECIAL NEEDS

Parish/School (City):

(Please give complete parish or school name and the city you are located)

Name:

Medical Condition/Special Needs

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____

Additional Notes:

2024 Confirmation Retreat Student Registration Form

Saturday, March 9, 2024, Bishop Dwenger High School, Fort Wayne

(Please note that both sides must be completed for student registration to be accepted)

Student Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Parent/Guardian Cell Numbers _____

Parish/School (City): _____

Group Leader: _____

Dietary Restrictions _____

Behavior Agreement

As a Catholic Christian, I agree to conduct myself in a manner which is consistent with the spirit of this day and which will not infringe upon another's enjoyment or experience of this event. I will remain with my chaperone/group leader at all times throughout the event. I further understand that my Group Leader and my Parent(s)/Guardian(s) will be notified of any infractions that require my dismissal from the gathering and that they will be required to provide for my transportation from this event.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

- Registration fee of \$20.00 includes lunch
- Please remind youth to eat breakfast before arriving.

• Reverse side must be completed in full for registration to be accepted

- Parish staff should keep on file a copy of the:
Permission and Release and Emergency Medical Care information and bring such
copies to the retreat.

2024 Diocesan Confirmation Retreat: Permission and Release & Emergency Medical Care Information

Name of Student: _____ Parish: _____ Grade: _____

RELEASE OF LIABILITY FOR THE DIOCESE OF FORT WAYNE-SOUTH BEND In consideration of the aforementioned participant, my child, being allowed to participate in this event, I, on behalf of myself, my child and my child's other parent/guardian, hereby acknowledge recognition that such an activity may expose my child to risks and hazard not ordinarily encountered in the parish youth ministry program. Further, on behalf of myself, my child, and my child's other parent/guardian, I hereby release and agree to hold harmless the above named parish and the Diocese of Fort Wayne-South Bend, Inc. to the fullest extent permitted by law from any and all claims, judgments and liability of every kind for any injury and damage of any kind, whether personal or property, that we or any one of us may suffer or incur due to my child's participation in the event, regardless of whether the injury or damage is attributable to the fault of parties other than the Parish or Diocese or attributable to the fault, including negligence, of the Parish or Diocese.

I have instructed my child to follow the rules of conduct as directed by the parish youth ministry program and Diocese.

EMERGENCY MEDICAL CARE INFORMATION

In the event of an emergency, I request that the parish make reasonable attempts to contact me at _____ (phone number) or _____ (other parent/adult) at _____ (phone number).

I understand that in an emergency, exigent circumstances may prevent the parish from contacting me immediately, or the parish may be unable to reach me. I therefore consent to the parish taking action which it deems necessary to secure emergency medical care/treatment for my child even if I have not been contacted.

I understand that decisions concerning the type of emergency medical care or treatment administered are normally made by health care providers and not by the parish and that exigent circumstances may require the administration of emergency medical care or treatment without my prior consent. However, I have indicated below any treatment preferences I have for my child which the parish may disclose to a health care provider. (Parents/guardians may check and complete any of the following):

____ Dr. _____ is my preferred physician and Dr. _____ is my preferred dentist.

____ _____ is my preferred hospital.

____ Receipt of my consent prior to my child receiving major surgery unless the medical options of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

____ Other: _____

The parish may also disclose the following checked information to a health care provider:

____ Insurance Information: Insurance Company Name: _____
Policy/Group/Claim No.: _____

____ The following information regarding allergies my child has, medication my child is taking, and other medical facts about my child: _____

I understand that in the event of an emergency, the parish will make reasonable efforts to notify a health care provider of the above-checked information, but I acknowledge that I am responsible for communicating such information to the appropriate medical personnel.

Photo Permission: (Please check one of the following)

____ I grant permission for our parish and the Diocese of Fort Wayne-South Bend to use my child's image in any photograph, internet site, or visual media for promoting parish or diocesan youth ministry or for any other lawful purpose.

____ I **DO NOT** grant permission for our parish and the Diocese of Fort Wayne-South Bend to use my child's image.

Date

Parent/Guardian Signature

Parent/Guardian Name Printed

Email

2024 Confirmation Retreat Chaperone Registration Form

Saturday, March 9, 2024, at Bishop Dwenger High School, Fort Wayne

(Please note that both sides must be completed with all information for chaperone registration to be accepted)

Chaperone Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Number _____

Parish/School (City): _____

Group Leader: _____

Dietary Restrictions _____

Behavior Agreement

As a Catholic Christian, I agree to conduct myself in a manner which is consistent with the spirit of this day. I further agree to be a responsible caretaker of the youth placed under my care to ensure the safety and wellbeing of all people present throughout the event. If assigned as a chaperone, I will remain with my students at all times during the event.

Chaperone Signature _____ Date _____

- Registration fee of \$20.00 includes lunch.
- Please remember to eat breakfast before arriving.

• Reverse side must be completed in full for registration to be accepted

Parish staff should keep on file a copy of the:
Release and Emergency Medical Care information and bring such copies to the retreat.

2024 Diocesan Confirmation Retreat : Release and Emergency Contact Information

Name of Chaperone: _____ Parish: _____

RELEASE OF LIABILITY FOR THE DIOCESE OF FORT WAYNE-SOUTH BEND I hereby acknowledge recognition that participation in the event may expose myself to risks and hazards. Further, on behalf of myself, I hereby release and agree to hold harmless the above named parish and the Diocese of Fort Wayne-South Bend, Inc. to the fullest extent permitted by law from any and all claims, judgements and liability of every kind for any injury and damage of any kind, whether personal or property, that I or any one of us may suffer or incur due to my participation in the event, regardless of whether the injury or damage is attributable to the fault of parties other than the Parish or Diocese or attributable to the fault, including negligence, of the Parish or Diocese, its staff, event chaperones, group leaders and/or event organizers.

I agree to the rules of conduct as directed by our parish and the Diocese.

EMERGENCY MEDICAL CARE INFORMATION

In the event of an emergency, I request that the parish make reasonable attempts to contact _____ (name) at _____ (phone number) or _____ (name) at _____ (phone number)

I understand that in an emergency, exigent circumstances may prevent the parish from contacting the above listed emergency contacts immediately, or the parish may be unable to reach them. I therefore consent to the parish taking action which it deems necessary to secure emergency medical care/treatment.

I understand that decisions concerning the type of emergency medical care or treatment administered are normally made by health care providers and not by the parish and that exigent circumstances may require the administration of emergency medical care or treatment without my prior consent. However, I have indicated below any treatment preferences I have which the parish may disclose to a health care provider. (chaperones may check the following):

_____ Dr. _____ is my preferred physician and Dr. _____ is my preferred dentist.

_____ is my preferred hospital.

_____ Other: _____

The parish may also disclose the following checked information to a health care provider:

_____ Insurance Information: Insurance Company Name: _____
Policy/Group/Claim No.: _____

_____ The following information regarding allergies I have, medication I am taking,
and other medical facts: _____

I understand that in the event of an emergency, the parish will make reasonable efforts to notify a health care provider of the above-checked information, but I acknowledge that I am responsible for communicating such information to the appropriate medical personnel.

Part II. Photo Permission: (Please check one of the following)

_____ I grant permission for our parish and the Diocese of Fort Wayne-South Bend to use my image in any photograph, internet site, or visual media for promoting parish or diocesan catechesis / youth ministry or for any other lawful purpose.

_____ I **DO NOT** grant permission for our parish and the Diocese of Fort Wayne-South Bend to use my image.

Date

Chaperone Signature

Email

(Parish Waiver Form) Diocesan Confirmation Retreat: Saturday, March 9, 2024 (Student)

EVENT INFORMATION

Class/Grade Level: _____

Event Description: Diocesan Confirmation Retreat at Bishop Dwenger High School, Fort Wayne

Purpose of Event: Retreat

Date/Approx. Time of Departure: _____

Date/Approx. Time of Return: _____ Mode of Transport: _____

Overnight Accommodations (If applicable): N/A

Additional Information: _____

(Please detach and return portion below to the event coordinator at your parish):

PARENT/GUARDIAN PERMISSION AND RELEASE:

Parent/Guardian Name: _____

Address: _____

Telephone: _____ Email: _____

Participant Name: _____ Participant Age: _____ Participant Grade: _____

If you would like your child to participate in this event, please fill in the blanks, date, and sign:

I allow my child to participate in the parish event trip to **Bishop Dwenger High School, Fort Wayne, on Saturday, March 9, 2024**

In consideration of the aforementioned participant, my child, being allowed to participate in this event, I, on behalf of myself, my child and my child's other parent/guardian, hereby acknowledge recognition that such an activity may expose my child to risks and hazard not ordinarily encountered in the parish or school program. Further, on behalf of myself, my child, and my child's other parent/guardian, I hereby release and agree to hold harmless the above named parish and the Diocese of Fort Wayne-South Bend, Inc. to the fullest extent permitted by law from any and all claims, judgments and liability of every kind for any injury and damage of any kind, whether personal or property, that we or any one of us may suffer or incur due to my child's participation in the event, regardless of whether the injury or damage is attributable to the fault of parties other than the Parish or Diocese or attributable to the fault, including negligence, of the Parish or Diocese.

I have instructed my child to follow the rules of conduct as directed by the parish and Diocese.

Date

Parent/Guardian Signature

Parent/Guardian Printed Name

Emergency Contact: _____ Phone Number: _____

Form should be kept on file at parish or school and brought with Emergency Medical Care Information to the retreat on Saturday, March 9, 2024.

(Parish Waiver Form) Diocesan Confirmation Retreat: Saturday, March 9, 2024. (Chaperone)

EVENT INFORMATION

Event Description: 2024 Diocesan Confirmation Retreat at Bishop Dwenger High School, Fort Wayne.

Purpose of Event: Retreat

Date/Approx. Time of Departure: _____

Date/Approx. Time of Return: _____ Mode of Transport: _____

Overnight Accommodations (If applicable): N/A

Additional Information: _____

(Please detach and return portion below to the event coordinator at your parish):

PARTICIPANT RELEASE*:

Participant Name: _____

Address: _____

Telephone: _____ Email: _____

If you would like to participate in this event, please fill in the blanks, date, and sign:

Name of Participant: _____ Parish: _____

RELEASE OF LIABILITY FOR THE DIOCESE OF FORT WAYNE-SOUTH BEND I hereby acknowledge recognition that participation in the event may expose myself to risks and hazards. Further, on behalf of myself, I hereby release and agree to hold harmless the above named parish and the Diocese of Fort Wayne-South Bend, Inc. to the fullest extent permitted by law from any and all claims, judgements and liability of every kind for any injury and damage of any kind, whether personal or property, that I or any one of us may suffer or incur due to my participation in the event, regardless of whether the injury or damage is attributable to the fault of parties other than the Parish or Diocese or attributable to the fault, including negligence, of the Parish or Diocese, its staff, event chaperones, group leaders and/or event organizers.

Date Signature Printed Name

Emergency Contact: _____ Phone Number: _____

Form should be kept on file at parish or school and brought with Emergency Medical Care Information to the retreat on Saturday, March 9, 2024.