

Diocese of Corpus Christi
Confirmation Retreat
Kerygma

Parent Information

The **2010 Diocesan Confirmation Retreat** is for both 1st and 2nd year candidates and will be held **February 19-21, 2010**, at **Zephyr Encampment** in **Mathis, Texas**. The theme for this year's retreat is "**Kerygma**."

Send Permission / Health History Form and \$75 Payment to your Parish Contact: Religious Ed. Dept.
505 N. Upper Broadway
Corpus Christi, TX 78401

Early Bird Deadline: Feb. 11, 2010 Late Registration Deadline: Feb. 15, 2010

Make checks payable to your parish: Corpus Christi Cathedral

Packing List:

Sleeping Bag or sheet and blanket	Bible, pen, notebook
Pillow/Case	Flashlight
Soap, towel, washcloth	Modest clothing
Toiletries	Logos on t-shirt need to be appropriate themes

Do Not Pack List:

I-pods	Cell Phone	Alcohol
Walkman	Electronic Devices	Tobacco

Student Registration Form

PARENT/GUARDIAN PERMISSION AND HEALTH HISTORY FORM FOR Diocese of Corpus Christi Confirmation Retreat

Participant's Name _____ Sex _____ Birthdate ___ / ___ / ___ Age _____
Parish _____ City _____ Grade Level _____
Parent/Guardian _____
Address _____ City _____ Zip _____
Phone _____ Shirt Size _____ (early bird registration)

I, _____, grant permission for my child _____
(parent/guardian) *(child's full name)*

To travel to and participate in the Diocesan Confirmation Retreat to be held on February 19-21, 2010,
from Friday to Sunday at Zephyr Encampment, Mathis, Texas.

Signature _____ Date _____

In an **EMERGENCY**, if unable to reach parent/guardian, contact:

Name _____ Phone _____

Name _____ Phone _____

Family Doctor _____ Phone _____

Family Health Plan Carrier _____ Policy # _____

Special Information – All information will be held in strict confidence.

Allergic Reaction (plant, insect, food, medicines) _____

List Allergies _____ Type of Reaction _____

Does child require a medically prescribed diet? _____ If yes, explain _____

Any physical limitations? _____ If yes, explain _____

Other special medical conditions: _____

In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Corpus Christi, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called COLLECT (with phone charges reversed to myself). Yes _____ No _____

We do not wish to give any medical treatment to your son/daughter against your wishes or family practice. Please read each of the following statements carefully and sign only those in accord with your wishes:

Medications: My child is taking medications at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Parent/Guardian signature (required for dispensing any medication)

Signature _____ Date _____

Non-Prescription Medications: I hereby grant permission for non-prescription medications (e.g. Tylenol, throat lozenges, cough syrup) and routine non-surgical medical care to be given to my child if deemed advisable by personnel supervising the field trip.

Signature _____ Date _____

I do not want ANY type of medication administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature _____ Date _____

IN CASE OF AN EMERGENCY, I hereby give permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Signature _____ Date _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend _____, its officers, directors, employees and agents, and the Diocese of Corpus Christi, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Corpus Christi, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Legal Guardian Signature Date

Adult Participant's
Youth Ministry Release of Liability and Medical Release Form
Diocese of Corpus Christi and/or Parish of _____

Name: _____

Parish: _____ Daytime Phone # _____

Address: _____

City: _____ State: _____ Zip: _____

I agree on behalf of myself, my heirs, successors, executors, personal representatives and assign to protect, indemnify, save, and hold harmless the Diocese of Corpus Christi, and _____ parish, and their officers, directors, agents employee, or representatives associated with this event/trip from all damages, claims, suits, expenses and payment on account of or resulting from conditions stated on or resulting from any such injury, death, or damage to property, including resulting from the negligence of the Diocese of Corpus Christi, and parish, and/or their officers, directors, and employees arising from or in connection with my attending youth ministry events beginning through . In the event that any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all court costs, reasonable attorneys fees and expenses incurred by the prevailing party. In the event that I should require medical treatment and am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. Please advise the doctors that I have the following allergies:

_____ In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name: _____

Relationship to me: _____

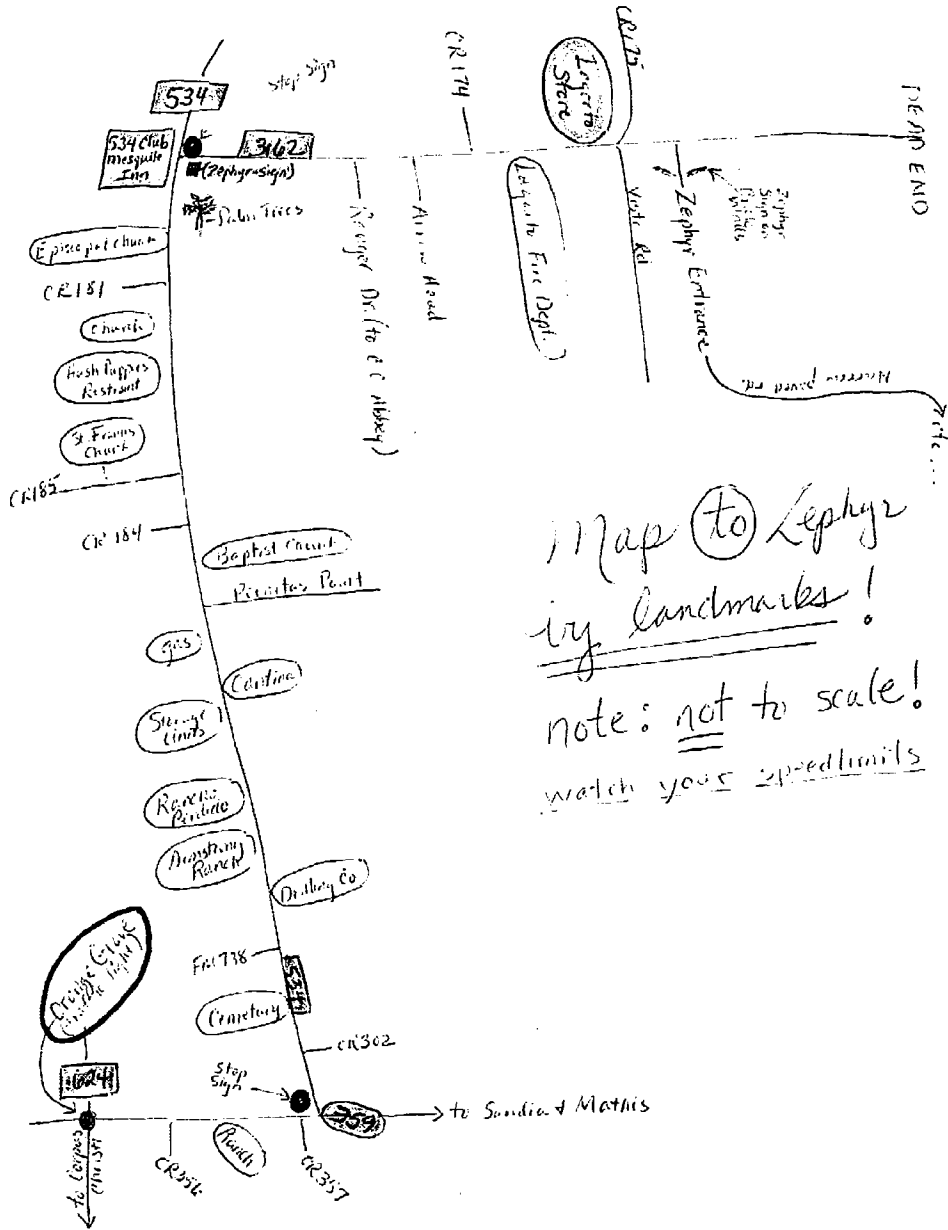
Day Time Phone #: _____ Night Time Phone # _____

Health Insurance Carrier: _____

Insurance ID Number: _____ Insurance Policy Number: _____

(Signature) (Date)

From Corpus Christi: Take 37 N Exit 34 for Mathis/Alice. Turn Left on Hwy 359. Go straight through Mathis and Sandia. A couple of miles outside of Sandia there will be a sign on your right for FM 534. Turn right here on FM 534. Stay on 534 for 12 miles and then take a right on FM 3162. We are 2.2 miles down on the right.



From Corpus Christi/Calallen: Take FM 624 to Orange Grove. There is a four way stop. Take a right on Hwy. 359. Go down about 4 miles, there will be a sign on your left for FM 534. Turn left on FM 534. Stay on 534 for 12 miles and then take a right on FM 3162. We are 2.2 miles down on the right.