

CONFIRMATION RETREAT

SATURDAY, MAY 17, 2025, 11:00 AM- 6:30 PM (Vigil Mass Included)
SATURDAY MARCH 22-23 (10 AM- March 23 at 1 PM)

As part of the Confirmation process in the Catholic Diocese of Arlington, each confirmand **must** attend a retreat. Information regarding the schedule of the day and what to expect will be sent home via email as we get closer to Confirmation. Adults and confirmed teens from our faith community help to facilitate the retreat. Parents and sponsors are welcome to attend as facilitators or helpers for the retreat. The day will include small groups, an opportunity to go deeper into the faith, time in adoration, Confession and Mass.

Students are expected to attend the **ENTIRE** retreat. The retreat will include a Vigil Mass at 5:30 PM. Family members are invited to attend the Mass. Attendance is mandatory.

For students who are interested in going deeper than a one-day retreat would allow, we are offering an overnight retreat March 22-23, 2025 from 10 AM-1 PM (March 23). This retreat will cost \$50 per student and will feature Mass, Adoration, talks, reflection, and small group conversations, along with heaps of fun and an evening away on retreat.

Please select which retreat you would like for your child to attend by **November 15, 2024** online here:

<https://forms.gle/eqDgb7RbJXSESzDF7>

The Day Retreat Permission Slip is Due February 24, 2025.

The permission slip for the overnight will be distributed to those that are attending.

Confirmation Retreat PERMISSION SLIP

Participant's Name (Please print) _____ Home Phone _____

Address _____ City/State/Zip _____

Parent's Name _____ Mobile Phone _____ Work Phone _____

Safety: As the participant, I agree to follow all procedures, safety precautions, and rules and regulations set forth by the Diocese and the Parish.

Signature _____ Date _____

Parental Permission and Liability Release: As parent/legal guardian of the participant names above, I give my permission to participate fully in the **Confirmation Retreat at St. Luke Church on May 17, 2025 from 11:00 AM to 6:30 PM.** I agree to indemnify and hereby release the Most Reverend Michael F. Burbidge of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above mentioned event (including transportation to and from the event). Furthermore, I on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above-described event.

Informed Consent to Medical Treatment: I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant's transportation home and any costs related thereto.

Photo, Press, Audio, and Electronic Media Release: I authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child's photograph, video and/or audio recording along with their name identifying them for educational, news stories, illustration and/or marketing purposes.

Emergency Contact: Name _____ Relationship: _____
Phone Number: (H) _____ (W) _____ (C) _____

Health Information: Are there any medical conditions which may affect the participant's involvement in the above event?

Are there any known allergies including any allergies to medicine? _____

Physical and Medical Insurance: Primary Healthcare Provider _____ Phone _____
Insurance Company _____ Policy Number _____

I understand and hereby agree to the terms and conditions of the participant's involvement in the above-described event, and I freely execute this acknowledgement with full knowledge of its content.

Signature of Parent or Legal Guardian _____ Date _____

Due by May 1, 2025