

**Confirmation Retreat**  
**Dec. 2-4, 2011**  
**CYO CAMP, Occidental, CA**

The confirmation class will be making their retreat very soon. It is always the highlight of the year. While being away from sports, studying, electronic gadgets, jobs, obligations and responsibilities, young people have an opportunity to slow down from their very busy lives and focus their attention on a relationship with God. The purpose of a retreat isn't to teach confirmation all in one weekend but build community, have quiet time to look within, hear faith stories, and strengthen their relationship with Christ and His Church.

It is our hope that parents will support their son or daughter to inform in advance their coaches, employers, and any other group they may be involved in about their commitment to this weekend. There will only be one confirmation retreat in their lifetime, and they will always remember it. All those other activities generally happen more frequently, and don't have the lasting impact that a retreat does.

***General Information:*** *Cost:* \$120 this includes all meals, 2 nights at the center, and confirmation activities there.

This does *not include the drive to and from Occidental.*

We will begin on Friday night at 5:00 with dinner at the center, and end with Mass at 11:00 on Sunday. Carpools will be needed to drive the young people to and from Occidental.

***Mandatory Parent/Student Meeting:*** Sunday, November 6, 10:15-11:30 (daylight saving time ends)

***Return by Nov. 13:*** Signed student permission, medical form, student rules, and retreat fee. Please make checks payable to St. Vincent de Paul, memo: retreat or online credit card

***Things to Bring:***

**What TO Bring:**

Soap, deodorant, toothbrush  
Jacket for evening activities  
2 pairs of jeans, p.j.s  
Sweatshirt/extra socks  
Letter to Louise  
Pillow & sleeping bag

**What NOT to Bring:**

No cell phones  
No ipods or electronics  
Fireworks/lighters/matches  
Weapons of any kind  
Drugs/smokes/alcohol

# Student Permission form Confirmation Retreat

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Guardian Cells: \_\_\_\_\_

Birth date: \_\_\_\_\_

Emails for updates  
\_\_\_\_\_

Back up person other than Parent to notify in case of an emergency:

Name \_\_\_\_\_ Phones: \_\_\_\_\_

My son/daughter wishes to participate in the CYO Retreat in Occidental, CA on Dec. 2, 3, & 4, 2011. As a condition of his/her being allowed to do so I hereby release and discharge the Diocese of Santa Rosa (Roman Catholic Bishop of Santa Rosa, a corporate sole) its constituent organizations including, but not limited to St. Vincent High School and their officers, agents and employees, from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her participation in this trip.

I hereby warrant that he/she is physically fit and capable to take part in such an activity. I make this warranty and representation on the basis of the advice given to me by a duly licensed medical doctor, and I know of no change in his/her medical condition since receiving such advice that would affect the opinion of said doctor.

My son/daughter agrees to abide by the rules and regulations governing the activity and to obey any instructions given by the person or persons having supervision and control over the activity. Any infraction of these rules will result in Disciplinary action.

I understand that if need be students may be sent home early from the retreat and the family will be asked to pick up their child immediately, even if it is in the middle of the night.

Guardian Name(s) \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email: \_\_\_\_\_ please print clearly!

# Student Medical Release Form

Participant's Name: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize the participation of my child/dependant, \_\_\_\_\_ in all official activities during the retreat. In the event of illness, injury, or emergency, I give my permission for the group leader, Louise Martin, to make decisions regarding treatment. I also authorize the physician selected by the group leader to secure proper treatment, to hospitalize and / or to order injection, anesthesia or surgery for my child/dependant named above.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Special Medication, Medical disorders, and instruction / dosages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

Family Physician / Medical Group \_\_\_\_\_

Insurance Company and Policy #: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

**\* (attach a copy of your medical coverage card)**

Phone #'s: Home: \_\_\_\_\_

Father - Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mother - Cell: \_\_\_\_\_ Work: \_\_\_\_\_

# Student Rules

Please read and go over these with your son/daughter.

These rules are meant for the safety of the individual as well as the group.  
Your safety is of utmost importance to us.

- I will respect of all leaders, teens, and adults. The spoken or unspoken de-valuing of another will not be tolerated.
- There will be zero tolerance for any student who is found to be in the possession of or, use of alcohol, illegal drugs (including drug paraphernalia), or firearms. This is grounds for immediate dismissal from the trip. **I understand my parents will be asked to come and pick me up immediately.**
- My bags will be searched if thought to have items deemed unsafe (drugs, alcohol, fireworks, etc.)
- Any intentional vandalism, destruction, or stealing of any person's property will be subject to my parents paying for the loss or damage. My parents may be asked to come and pick me up at that time.
- There will be no guys in girl's accommodations or girls in guy's accommodations.
- I understand that participating fully in the retreat is mandatory. We will arise early and my good attitude is imperative to the success of this retreat.
- I will not leave my room at night once lights are out.
- I will be a team player
- I will help with the activities and pick up if asked.
- I will not be using my cell phone over the weekend except in case of an emergency or I have permission from an adult, and I will leave my iPod home.

I have gone over these rules with my son/daughter.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

I promise to follow these rules and am fully aware of the consequences.

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_