



CONFIRMATION RETREAT

# AWAKEN TO GRACE

**FEB. 5, 2023**

**ST. JOHN'S CENTER,  
LITTLE ROCK**

**\$25 REGISTRATION FEE**

## Diocesan – Wide Confirmation Retreat

Sunday, February 5<sup>th</sup>

### Tentative Schedule

10:00am	Registration, Outside Group Icebreakers
10:30am	Icebreakers/Music/Welcome VIDEO – INITIATION [2:50]
11:03am	Opening Prayer/YAC
11:05am	VIDEO – IT’S NOT GRADUATION [2:59]
11:08am	Knowledge, Understanding and Wisdom
11:24am	God in a Box skit
11:31am	Good Counsel and Courage
11:43am	Group Activity and Meal Prayer in Small Group
12:15pm	Lunch
1:15pm	Praise and Worship
1:30pm	Prayer
1:33pm	VIDEO – PERFECT SPONSOR [4:50]
1:38pm	Reverence and Fear of the Lord –
1:58pm	Living as a Confirmed Catholic Christian
2:16pm	Stool Skit
2:24pm	VIDEO – COMFORTABLE COUCH [3:30]
2:28pm	Group Activity/Discussion Use Confirmation Retreat Booklets Page 6
3:15pm	Set Up for Mass
3:30pm	Mass
4:30pm	Departure

Diocesan-Wide Confirmation Retreat  
**REGISTRATION PROCEDURE**

**PRIOR TO EVENT**

1. **The DRE/CL in charge of the parish delegation is responsible for the registration of participants and should read all enclosed materials.**
2. **Forms to distribute to attendees:**
  - a) Code of Behavior
  - b) Youth or Adult Medical and Liability Waiver Forms
  - c) Chaperone guidelines
3. **Forms to collect from attendees:**
  - a) Completed Youth or Adult Medical and Liability Waiver Forms
  - b) Completed Code of Behavior Form
  - c) Completed Chaperone form
4. **Forms to complete and submit to Diocesan Office of Faith Formation by the DRE/CL:**
  - a) Master Form
  - b) Parish check for payment
  - c) Signed Chaperone Guideline form for each chaperone
  - d) Safe Environment Letter signed by Pastor verifying chaperones are compliant with Safe Environment Rules.
5. **Submit Master Form, Chaperone Forms and one check for registration fees (\$25.00 for each youth & adult) to the Diocesan Office of Youth Ministry received no later than Monday, January 23, 2023.** Please understand this event takes a lot of preparation; therefore sticking to the deadline is really important.
6. A confirmation letter of forms received by the office will be sent to you via email, fax or snail mail.
7. Registrations postmarked after January 23, 2023, will have a \$5.00 late fee/person added to the registration total.

**Confirmation Retreat General Information**

It is a Diocesan policy that youth attend a retreat for Confirmation. In an effort to accommodate parishes that are do not have the resources and for those youth who are unable to attend their parish retreat, we are providing this opportunity.

**THIS RETREAT IS DESIGNED FOR THOSE PARISHES WITHOUT THE RESOURCES TO CONDUCT A RETREAT**

**Registration fee** includes: Lunch and all materials. We will conclude with the Celebration of the Eucharist.

**Medical Consent and Liability Waiver forms** and **Code of Behavior** Forms are enclosed. The Code of Behavior and Medical Consent and Liability Waiver forms will be turned in to diocesan staff **at event check-in**. (Please have your medical and code of behavior forms filed in **alphabetical** order.)

**Chaperones** – We require that your chaperones be at least 25 years of age and VIRTUS trained.

**Registration begins at 10:00 a.m.**

**MASTER FORM**

*Diocesan-Wide Confirmation Retreat*

February 5, 2023 – St. John’s Catholic Center – Morris Hall Chapel, Little Rock

*Please TYPE or PRINT all necessary information*

PARISH \_\_\_\_\_ CITY \_\_\_\_\_

NAME & PHONE # OF Adult Advisor in Charge (AAIC) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Area Code Number

ADDRESS, CITY & ZIP OF AAIC \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CELL Phone Number (\_\_\_\_) \_\_\_\_\_

**Please follow ratio of: 1 adult (minimum) for every 10 youth.**

NAME	A/Y	M/F
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
21. _____	_____	_____



**Testimonial to the Diocese of Little Rock  
Suitability for Adult Lay Persons serving as Chaperones for the**

**DIOCESAN CONFIRMAITON RETREAT**

**Safe Environment Letter**

Youth Ministry Office  
Diocese of Little Rock  
2500 N. Tyler Street, P. O. Box 7565  
Little Rock, Arkansas 72217

Attached are approved chaperones for \_\_\_\_\_ Parish in \_\_\_\_\_ who will be serving as chaperones for the **DIOCESAN CONFIRMATION RETREAT** being organized by the Youth Ministry office of the **Diocese of Little Rock to be held on FEBRUARY 5, 2023, at St. John Center in Little Rock.** I am able to make each of the statements listed below for the chaperones listed from the parish:

- Is a Catholic in good standing in our parish.
- Is in compliance with the diocesan safe environment requirements.
- Is a person of good moral character and reputation.
- I know of nothing which would in any way limit or disqualify any of the people on the attached list from this ministry.
- I am unaware of anything in their backgrounds which would render them unsuitable to work with minor children.

Based on my inquiries and on my personal knowledge, the attached named lay people are fully qualified to serve as a chaperone for the parish in an effective and suitable manner.

\_\_\_\_\_  
Signature of Parish Priest

\_\_\_\_\_  
Signature of Parish Safe Environment  
Coordinator

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PLEASE SUBMIT THIS FORM BY TO THE DIOCESE OF LITTLE ROCK - YOUTH OFFICE WITH YOUR REGISTRATION. LIST OF APPROVED CHAPERONES:**  
*(List your parish chaperones below)*

**ADULT MEDICAL RELEASE AND LIABILITY FORM**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parish: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Work Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Please list **all** medical conditions/allergies/special health information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list **any** medications (prescriptions or non-prescription) that you would like us to be aware of: \_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy in the name of: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

Emergency Contact Cell/Phone Number: \_\_\_\_\_

In the event that the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.

I, \_\_\_\_\_, do hereby release, hold harmless and discharge the Diocese of Little Rock, its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my participation in any and all events that are produced, conducted or executed by the Diocese of Little Rock's Youth Ministry Office **from July 1, 2022 to July 30, 2023 ("Youth Ministry Office" including but not limited to the following: Senior High Youth Rally, Junior High Rally, Weekend FOR Life, Confirmation Retreat, State Convention and Catholic Charities Summer Institute.**

I waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of the Youth Ministry Office events. I authorize treatment by a licensed medial physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

Signature: \_\_\_\_\_

## Diocesan-Wide Confirmation Retreat

### GUIDELINES FOR ADULT CHAPERONE IN CHARGE OF GROUP:

The following will help you in planning for a successful experience.

We require that:

- All adult advisors/chaperones must be at least **25 years of age, unless approved by the Diocese**. This adult should be known by the youth and **VIRTUS** trained.
- Each group has at least one chaperone designated and responsible for ten youth (see master pre- registration form). If this is not possible, please contact the Office of Youth Ministry.
- You enforce the Code of Behavior and set an example for youth. Code of Behavior and Medical/Transportation Forms **MUST** be in the possession of the DRE/CL/Youth Minister in charge of the parish group. These forms must be turned in to the Diocesan office staff at the time of registration.
- All adults are to sign a Chaperone Guideline Form. These are to be sent in to the diocesan office with registration materials.

#### SOME HELPFUL HINTS:

- 1) Meet with chaperones, and then with chaperones and youth, to go over diocesan and parish expectations. **Chaperones and youth should know each other**. Explain the purpose of this event. Establish contingency plans for accidents, sickness or misconduct.
- 2) Choose chaperones that have a good rapport with youth, yet can control the group on outings and at general sessions. Choose chaperones that have been active with your youth group.
- 3) If you have both male and female participants, have both male and female adult chaperones.
- 4) Bring snacks with you for the ride to and from the retreat.
- 5) Review the diocesan rules and your own expectations as you travel to this event.



## **Diocesan-Wide Confirmation Retreat – Adult Chaperone Agreement**

As a chaperone, you play an important part in ensuring the positive experience of this event. The following guidelines will help you fulfill your role as a chaperone.

### **We ask that chaperones:**

- **Be SAFE ENVIRONMENT TRAINED**
- Be responsible for the youth in your care
- Enforce the code of behavior and set an example for youth.
- Make sure that youth are where they are supposed to be.
- Do not leave the retreat area until the event has concluded.
- Do not go anywhere during this event where youth are not allowed
- Be mindful of trash and spills and help us to leave the facilities clean

### **A few notes on chaperoning at the Diocesan-Wide Confirmation Retreat:**

- 1) All events will take place in the Morris Hall Chapel at St. John's Catholic Center.
- 2) Once you arrive at the retreat, ***one adult should go to the registration table for check-in.*** At this time please turn in the Code of Behavior and Medical Transportation forms and receive your registration packet with name tags for each participant.
- 3) During the retreat and breaks, lend your chaperoning skills to the entire group. If a person is causing a distraction, kindly ask them to be quiet.
- 4) We suggest you collect all cell phones from your youth attending the retreat for the day. If you choose not to collect them from your youth we will collect them at registration.
- 5) At the end of the day, each parish group will **need to pick up your parish's Medical/Code of Behavior forms along with cell phones that were collected.**

REMEMBER: While at the Diocesan-Wide Confirmation Retreat, you are TOTALLY responsible for both the behavior and the needs of the youth entrusted to your care. Please pay close attention to both. Wherever we are, we represent the youth of the Catholic Church of Arkansas.

All chaperones are expected to follow these rules. Should an emergency arise, check in with an adult in charge of your parish group, the diocesan staff or your parish's head chaperone. With these things in mind, we believe all, adults and youth alike, will indeed have a joyful celebration of youth.

**I understand and accept these chaperone guidelines.**

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(Chaperone's Signature)

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(Parish/City)

# Diocese of Little Rock / Office of Catholic Youth Ministries

## YOUTH FORM

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

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_

Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_  Cell Phone  Pager  Work

Parish: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex: M/F

### 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 **any and all events that are produced, conducted or executed by the Diocese of Little Rock's Youth Ministry Office from July 1, 2022 to June 30, 2023 ("Youth Ministry Office events"), including but not limited to the following: Junior High Spectacular, Senior High Youth Rally, Weekend for Life, Confirmation Retreat, State Convention and Catholic Charities Summer Institute.**

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 Diocese of Little Rock, 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. I also give my permission for the Diocese to use any photographic images of my child for Diocesan use and allow the Diocese to communicate with my child through the use of social media.

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## YOUTH MEDICAL CONSENT

**(EFFECTIVE FROM JULY 1, 2022 TO JUNE 30, 2023)**

### 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 to your wishes:

### Emergency Medical Treatment

In the event of any 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 any 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. (Please initial)

### MEDICAL CONDITIONS INFORMATION

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

My son/daughter has: \_\_\_\_\_

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

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

Has had 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/diphtheria immunization \_\_\_\_\_

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

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### INSURANCE INFORMATION

**(Please attach a copy of the Insurance Card, front and back, with this form)**

Insurance Carrier: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

No, I do not carry medical insurance at this time.

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 acknowledge and agree that it is my responsibility to inform the Diocese of Little Rock's Youth Ministry Office if at any time any of the above information needs to be changed, amended, or updated prior to the expiration date of this Medical Consent,**

\_\_\_\_\_  
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

# CATHOLIC YOUTH MINISTRY

## YOUTH - Code of Behavior

At all Diocesan sponsored activities, we expect you to represent the Diocese of Little Rock well! We hope that you will display the mature, responsible leadership and character which has for so many years been the trademark of Catholic youth within this diocese. This Code of Behavior shall be in effect for any and all events that are produced, conducted or executed by the Diocese of Little Rock's Youth Ministry Office from July 1, 2022 to June 30, 2023 ("Youth Ministry Office events"), including but not limited to the following: Senior High Rally, Junior High Spectacular, Weekend for Life, Diocesan Confirmation Retreat and State Convention.

### CODE OF BEHAVIOR:

1. Participants are expected to attend all sessions of Youth Ministry Office events. Name badges must be worn at all times on the upper chest.
2. **Dress code:** casual - no inappropriate t-shirts, tops/dresses with spaghetti straps, halters, short-shorts, or midriff tops. No Nike athletic/running shorts or **yoga pants**. No underwear showing from jeans/pants being worn too low. If dressed inappropriately, the individual will be asked to change.
3. Individuals are responsible for their own actions and will be asked to assume the natural consequences for any negative behavior. Each participant will take full responsibility for any damage or theft.
4. Participants may not leave the site of the Diocesan youth event unless accompanied by their parent/guardian or an adult from their parish.
5. Christ-like behavior is promoted and expected at all times. Therefore, inappropriate contact, touch, gesture, language or activity of a sexual nature which would offend any person is unacceptable.
6. **Any** alcohol, drugs, firearms, weapons or explosives found with/on a person at a Diocesan Youth Event will result in immediate dismissal by the diocesan director of youth ministries. All adults are expected to inform the diocesan director if any of these items are found

Infractions of these rules will result in the diocesan director discussing the infraction with the participant. In the unlikely event that a behavior problem based on the above requires extreme action, it is likely to result in dismissal from the Youth Ministry Office event. Participant's parent/guardian is responsible for removing participant from the convention site.

**I understand and accept this code of behavior.**

\_\_\_\_\_  
(Participant's signature)

\_\_\_\_\_  
(Date)

*I consent to the conditions stated above on participation in Youth Ministry Office events.*

\_\_\_\_\_  
(Parent/Guardian's signature)

\_\_\_\_\_  
(Date)

Phone number (Day) \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Contact person if parent/guardian are unavailable

\_\_\_\_\_  
(Phone #)