



## DIOCESAN – WIDE CONFIRMATION RETREAT FEBRUARY 8, 2015

This retreat is a collaborative effort between the Offices of Faith Formation and Youth Ministry. One of the requirements for Confirmation is that the youth attend a retreat and so this retreat opportunity is intended for those parishes that do not have the resources to provide such a retreat AND for those youth that are unable to attend their parish retreat.

The retreat is modeled after SEARCH and will be peer-ministry driven. It will highlight the following: Gifts of the Holy Spirit and Life after Confirmation. Icebreakers, activities, and lunch will be included and we will conclude with the Celebration of the Eucharist. The Confirmation retreat is designed to ignite the fire in your heart to truly be a Disciple of Christ and to provide an intimate experience with the Holy Spirit.

*Diocesan-Wide Confirmation Retreat  
St. John's Catholic Center—Morris Hall Chapel  
Little Rock, AR  
\$10.00 Entrance Fee  
10:30am—5:00pm*

Entrance Fee includes lunch and all materials

**Registration Deadline: Postmarked by Tuesday, January 20, 2015**

\$5.00 Late fee if postmarked after January 20, 2015

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) Medical/Transportation
  - c) Chaperone guidelines
3. **Forms to collect from attendees:**
  - a) Medical/Transportation
  - b) Code of Behavior
  - c) Chaperone forms
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
5. **Submit Master Form, Chaperone Forms and one check for registration fees** (\$10.00 for each youth & adult) to the Diocesan Office of Faith Formation **postmarked no later than Tuesday, January 20, 2015.** Please understand this event takes a lot of preparation from the information submitted by each Parish; 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 20, 2015, 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 that are unable to attend their parish retreat we are providing this opportunity.

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

**Medical/Transportation** and **Code of Behavior** Forms are enclosed. The Code of Behavior and Medical /Transportation 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.) **Make sure you pick up your forms at the end of the retreat for the ride home.**

**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 8, 2015 – St. John’s Catholic Center – Morris Hall Chapel, Little Rock, AR

*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. _____	_____	_____

- 22. \_\_\_\_\_
- 23. \_\_\_\_\_
- 24. \_\_\_\_\_
- 25. \_\_\_\_\_

\*\*\*\*\*

**Total number of youth participants:** \_\_\_\_\_ **X \$10.00 = Total youth registration fee:** \_\_\_\_\_

**Total number of adult participants:** \_\_\_\_\_ **X \$10.00 = Total adult registration fee:** \_\_\_\_\_

**List below ANY SPECIAL NEEDS (physical and/or food) along with the person's name:**

**PLEASE SEND FORMS AND CHECKS TO:**

DIOCESE OF LITTLE ROCK  
 OFFICE OF YOUTH MINISTRY  
 2500 N. TYLER STREET  
 LITTLE ROCK, AR 72207-3743

POSTMARKED BY: **TUESDAY, JANUARY 20, 2015**

## Code of Behavior - Diocesan-Wide Confirmation Retreat

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.

### **CODE OF BEHAVIOR:**

1. Participants are expected to attend all sessions of this activity. Name badges must be worn (on your chest/over your heart!) at all times.
2. Dress code: casual - no inappropriate t-shirts, wraps, halters, short-shorts, or midriff tops. If dressed inappropriately, the individual will be asked to change. No shorts for Mass.
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 activity site unless accompanied by their parent/guardian or an adult from their parish.
5. The possession and/or use of alcohol, tobacco products and drugs are prohibited.
6. 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.

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 activity. One's parent/guardian is responsible for removing participant from the retreat site.

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

\_\_\_\_\_

(Participant's signature)

\_\_\_\_\_

(Date)

***I consent to the conditions stated above as participation in this event.***

\_\_\_\_\_

(Parent/Guardian's signature)

\_\_\_\_\_

(Date)

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

\_\_\_\_\_

Contact person if parent/guardian are unavailable

(Phone #)

**Diocese of Little Rock  
Offices of Catholic Youth Ministries**

**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

Diocesan-Wide Confirmation Retreat

Sunday, February 8, 2015

St. John's Catholic Center - Morris Hall Chapel in Little Rock, AR

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, DRE, youth minister, other agents, etc.) or any  
representatives associated with the scheduled activity unless the parties involved were careless or  
negligent.

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

\_\_\_\_\_  
**Date**

## MEDICAL CONSENT

### 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: \_\_\_\_\_

### 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).

\_\_\_\_\_  
**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 \_\_\_\_\_

Diocesan-Wide Confirmation Retreat  
**Guidelines for the Adult in Charge of Parish 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 - Chaperone Guidelines

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 VIRTUS 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.
- 5) At the end of the day, each parish group will **need to pick up your parish's Code of Behavior and Medical Forms for the trip home.**

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)

**ADULT MEDICAL RELEASE FORM**

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

***Please Print***

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

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 and 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 this event. 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 this event. 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: \_\_\_\_\_