



# /BONFIRE/

- A CONFIRMATION RETREAT -  
JANUARY 18TH-20TH, 2019

**WHEN?** 6:00 p.m. Friday, January 18th through 2:00 p.m. Sunday, January 20th

**Mandatory Parent Meeting [January 16th @ 7 PM]**

Youth must be able to attend the entire retreat!!!!

## **Where?**

A bus will pick us up at CGS and then we will travel to

## **Camp Kappe**

7738 Camp Kappe Rd, Plantersville, TX 77363 (\*936) 894-2141

Total Cost of Retreat = **[\$115]**

## **How do I register?**

Return the signed/dated Release Form/Ethics and Behavior Agreement, with payment to the Faith Formation office with Mrs. Norma Houston.

No Later Than **TUESDAY, JANUARY 8TH, 2019!!!!**

No phone registrations will be accepted.

**(Turn in ASAP)**

**Questions: Email Aaron Levy at [Alevy@cgscchurch.org](mailto:Alevy@cgscchurch.org) or call 281-376-6831 ext 315**

**Email Ruth Barrera at [Ruth@cgscchurch.org](mailto:Ruth@cgscchurch.org) or call 281-376-6831 ext 304**

Check your emails for more information.

# Bonfire, A Confirmation Retreat

**Who?** Those who will be receiving the Sacrament of Confirmation this year.

**What?** A weekend of prayer, spirituality, growth, fellowship, fun, and chance to experience Christ with others.

**When?** 6 pm Friday, **January 18th, 2019** through 2pm Sunday, **January 20th, 2019**. The retreaters will be having mass on the retreat.

**Where?** A bus will pick us up at CGS and then we will travel to Camp Kappe, 7738 Camp Kappe Rd, Plantersville, TX, 77363

Youth must be able to attend the ENTIRE retreat!!!!

Total Cost Of Retreat = \$115.00 (Checks payable to CGS)

**RETURN NO LATER THAN TUESDAY, JANUARY 8TH.**

Participant's Name \_\_\_\_\_ Home Phone Number: (\_\_\_\_) \_\_\_\_\_  
Parents' Email Address \_\_\_\_\_  
Home Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City/Zip Code \_\_\_\_\_  
Parent(s)/Guardian(s) \_\_\_\_\_ Grade \_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_

## 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 (event) **BONFIRE, A CONFIRMA-  
TION RETREAT** to be held (date) **January 18th –January 20th, 2019** (time) **6pm (Friday) - 2pm (Sunday)**  
at (location) **Camp Kappe, 7738 Camp Kappe Rd, Plantersville, TX 77363**.

In consideration of my child's participation in this event, I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns to indemnify, hold harmless and defend the Archdiocese of Galveston-Houston, the sponsoring parish, its pastor, youth ministry leader, principal, other agents, employees or other representative associated with the event from any and all injuries, losses or claims arising out of my child's participation in the event.

*In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge*

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

\_\_\_\_\_  
Date

**YOUTH PARTICIPANT:** In signing the line below I agree to abide by any/all policies and rules established for this event/activity (see Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

\_\_\_\_\_  
Signature (Youth Participant)

\_\_\_\_\_  
Date

## VIDEO/PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional material (newsletter, web page, calendars, power point, video, etc.) in highlighting the event.

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

\_\_\_\_\_  
Date

# MEDICAL CONSENT FORM

## Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the healthy of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

### Emergency Medical Treatment

In the event of an 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 future treatment by the hospital or doctor and I understand that all financial obligations are my responsibility.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

### Medications

My child will bring all such medication, well labeled, that are necessary. Names of medications and concise direction 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. I understand that Aspirin will not be given to my son/daughter. (Please initial).

**Medical Conditions Information:** (archdiocesan 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 a 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 also be aware of these special medical conditions of my child (e.g. depression, anxiety, etc.):  
\_\_\_\_\_

**Insurance Information:**  No, I do not carry medical insurance at this time.

Insurance Carrier: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

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 fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

\_\_\_\_\_  
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