



**PERMISSION SLIP FOR YEAR II CONFIRMATION RETREAT
CONNORS RETREAT CENTER
DOVER, MA**

CANDIDATE'S SECTION

1. I will be on time for, attentive to, and engaged in all components of the retreat.
2. I will keep an open mind and heart during this retreat experience.
3. I will honor and respect my peers and the retreat team.
4. I will contribute to building a positive retreat experience by maintaining a prayerful environment.
5. I will respect and help care for the facilities that we will use.
6. I will not bring or use any electronic devices on the retreat.

Candidate's Signature: _____

Date: _____

PARENT'S SECTION

I, _____, hereby grant permission for my child _____, to participate in the Blessed Sacrament Confirmation Retreat on Sunday, Jan. 22, 2012 or Sunday, March 4, 2012 from 9:00am to 6:30pm.

I agree that no liability is to be assumed by the parish, the retreat leaders, or the facility, for injuries that may be incurred either in transport to or during this event.

In the event of sudden illness or injury, I am to be notified to authorize medical treatment. An emergency phone number at which I may be reached is _____

In the event that I cannot be reached, I permit adult chaperones to authorize treatment.

The following known medical conditions and/or prescription drugs may impact the care my child is given:

My child's health insurance coverage is with _____ and the policy number is _____

Parent's Signature: _____

Date: _____

PERMISSIONS SLIPS MUST BE RECEIVED PRIOR TO RETREAT.

ALL PERMISSION SLIPS ARE DUE NO LATER THAN DECEMBER 11, 2011