

## St. Stanislaus Confirmation Retreat Permission Form

I (we) as parent(s) or legal guardian(s) of \_\_\_\_\_  
(Student's Name)

**Give permission to my (our) child to participate in the Confirmation Retreat  
to be held at Mater Dei Catholic School & St. Stanislaus Parish Center on  
Sunday, March 16, 2025 from 9:00am – 2:30pm**

This permission includes all related programs and events associated with the Retreat. **Parents/Guardians must provide transportation to and from the Retreat. The Retreat will begin at the church with the parish's 9:00am Mass. Check-in will take place immediately following Mass in the Lobby Meeting Room. Pick up will be from the Lobby Meeting Room at 2:30pm. A morning snack and lunch will be provided.**

In consideration for my (our) child's participation, I (we) and my (our) child agree and understand that we assume the risks inherent in the Retreat, and with full knowledge of the risks, I (we) agree to release and hold harmless St. Stanislaus Parish, Mater Dei Catholic School and the Archdiocese of Philadelphia and their employees and representatives, from claims arising or related to my (our) child's participation.

My (Our) child understands and agrees to abide by all rules and regulations established by St. Stanislaus Parish pertaining to the Retreat, including but not limited to:

- Participants will enter the Retreat with openness to growing deeper in their relationship with the Lord.
- Participants will demonstrate Christian values in their language, behavior, and dress. They must respect the presenters, leaders, and their peers. Participants must arrive on time for scheduled activities and cannot leave the retreat without permission.
- Cell phones, ipods, airpods, and similar electronic devices are not permitted to be used during the Retreat, except in an emergency, which must be brought to the attention of one of the Retreat leaders. To be truly present at the Retreat, it is important to stay focused on the Retreat and not to have any outside distractions.

I (We) have spoken with my (our) child about his/her responsibility to act appropriately at all times.

I (We) consent to and give permission for emergency medical care for my (our) child that may be needed as a result of my (our) child's participation.

**Insurance Provider:** \_\_\_\_\_

**Group#:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Medical needs we should be aware of:** \_\_\_\_\_ *(including allergies, especially food)*

**Emergency contact:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

\_\_\_\_\_  
*Student Signature*

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

***Please return by  
February 23.***

\_\_\_\_\_  
*Parent / Guardian Signature*

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

*(If applicable):*

My child will be going home with another family at the end of the retreat. I give permission for

\_\_\_\_\_ to pick up my child.