



# 2018 Confirmation Retreat

**Sponsored by the Diocese of Victoria &  
Facilitated by the Office of Youth Ministry and  
Members of the Youth Leadership Team  
Diocese of Victoria**

Sunday, January 14, 2018 at  
*Sacred Heart Family Center —  
Hallettsville, TX.*

Registration begins at 8:30 a.m. in the  
Family Center.

Mass will be celebrated during the retreat.

The retreat will end at 4:00 p.m.

Sunday, February 4, 2018 at  
*Our Lady of Victory Gym— Victoria, TX*

NET Ministries “With Great Power”

Registration begins at 8:30 a.m. in the  
gym.

Mass will be celebrated during the retreat.

The retreat will end at 4:00 p.m.

Cost of the retreat is **\$15.00 per person for young people, \$10.00 per adult.**  
Catered lunch and supplies are included in the price. Dress is casual.  
Permission forms for all students and adults must be kept with the lead adult.

## **GROUP Registration Form—Not to be used for individual retreatants.**

Date your group would like to attend \_\_\_\_\_

Adult Lead Contact Person \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Parish \_\_\_\_\_ City \_\_\_\_\_

Adult Lead Contact Person Attending *(if different from above)* \_\_\_\_\_

No. of young people attending \_\_\_\_\_ x 15.00 per person

No. of adults attending \_\_\_\_\_ x 10.00 per person (please reference adult to youth ratios on page 2 of the document)

Total amt. due \_\_\_\_\_ Parish Check #: \_\_\_\_\_

*Spaces are limited for each retreat. Please remember, due to catering and supply costs—refunds will not be issued for “no-shows”. Payment is due for the amount of people registered.*

**PLEASE NOTE: Only parish checks for group registration will be accepted. Personal checks and/or cash will not be accepted.**

# Supervision by Youth Ministry Leader/ Parish Catechetical Leader, Chaperone & Adult Volunteers

Ratios for the regularly scheduled CCD/RE Class are as follows: There will be at least two Safe Environment compliant Catechetical Leaders in each classroom regularly Scheduled CCD/RE class and a minimum of two Safe Environment compliant Hall Monitors. Hall monitors will be available in case a child needs to be escorted to a necessary location due to illness or other incidents that may arise.



An 8:1 youth/adult ratio is in effect for all high school youth events, and 6:1 youth/adult ratio for junior high/middle school events and younger. A minimum of 2 adults must be present at all times.



For further clarification

<u>High School ratios:</u>	
Number of youth	Number of REQUIRED adults
1-16	2
17-24	3
25-32	4
33-40	5
41-48	6
49-56	7

  

<u>JUNIOR High School and Younger ratios:</u>	
Number of youth	Number of REQUIRED adults
1-12	2
13-18	3
19-24	4
25-30	5
31-36	6
37-42	7



Parishes should furnish at least one male and one female chaperone to accompany each group when both gender groups attend youth events.

**IMPORTANT NOTICE: Adult chaperones and drivers must have completed the Safe Environment Training, Background Check. In addition drivers must have a Driving Check to be able to participate. Please print or type names (FAX machine is not always clear.)**

Page # \_\_\_\_\_ of \_\_\_\_\_

**2018 Confirmation Retreat • Group Registration Form**

Parish \_\_\_\_\_ City \_\_\_\_\_

Adult Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

<b>Name</b>	<b>Adult/Youth</b>	<b>Name</b>	<b>Adult/Youth</b>
1.		19.	
2.		20.	
3.		21.	
4.		22.	
5.		23.	
6.		24.	
7.		25.	
8.		26.	
9.		27.	
10.		28.	
11.		29.	
12.		30.	
13.		31.	
14.		32.	
15.		33.	
16.		34.	
17.		35.	
18.		36.	

**Please fill out the correct permission form for the date you will be attending the retreat.**

**Paperwork may be faxed to: 361-573-5725. In Addition send original registration form with payment to Diocese of Victoria, Office of Youth Ministry, 1505 E. Mesquite, Victoria, Texas 77901.**

**January 14, 2018 Form**  
**OFFICE OF YOUTH AND YOUNG ADULT MINISTRY**  
**DIOCESE OF VICTORIA IN TEXAS**  
**PERMISSION FORM/MEDICAL RELEASE**

YOUTH

NAME \_\_\_\_\_ Gender: M F Current Grade \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Parish & City \_\_\_\_\_

PARENT/LEGAL GUARDIAN NAME \_\_\_\_\_

Address/Phone (if different than above) \_\_\_\_\_

Parent Home # \_\_\_\_\_ Cell # \_\_\_\_\_

**I request and give my consent for my son/daughter, \_\_\_\_\_ to participate in the confirmation retreat sponsored by the Office of Youth Ministry of the Diocese of Victoria on January 14, 2018.** I understand that the retreat will take place in **Hallettsville, TX** at **Sacred Heart Catholic Church**. I agree to defend, indemnify and hold harmless the Diocese of Victoria, its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my participation in the above mentioned activity. I grant permission for non-prescriptive medication (e.g. tylenol, throat lozenges, cough syrup, pepto-bismol, etc.) and routine nonsurgical medical care to be given to my son/daughter if deemed advisable by the supervising diocesan personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located. I hereby give permission for my son/daughter to be photographed or video taped. I realize that the photo may be published in the newspaper, a magazine or other publications. The video may be used for educational purposes or informational purposes regarding programs or curriculum.

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City & Zip \_\_\_\_\_

My son/daughter is allergic to: \_\_\_\_\_

My son/daughter takes the following medication (name, dosage): \_\_\_\_\_

This medication is for: \_\_\_\_\_ Medication he/she is allergic to: \_\_\_\_\_

Last immunization/booster for Diphtheria /Tetanus: \_\_\_\_\_

List any specific medical problems or physical limitations: \_\_\_\_\_

***In an emergency, if unable to reach parent/guardian, please contact:***

Name \_\_\_\_\_ Wk (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Wk (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

Group or Plan # \_\_\_\_\_

**February 4, 2018 Form**  
**OFFICE OF YOUTH AND YOUNG ADULT MINISTRY**  
**DIOCESE OF VICTORIA IN TEXAS**  
**PERMISSION FORM/MEDICAL RELEASE**

YOUTH

NAME \_\_\_\_\_ Gender: M F Current Grade \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Parish & City \_\_\_\_\_

PARENT/LEGAL GUARDIAN NAME \_\_\_\_\_

Address/Phone (if different than above) \_\_\_\_\_

Parent Home # \_\_\_\_\_ Cell # \_\_\_\_\_

**I request and give my consent for my son/daughter, \_\_\_\_\_ to participate in the confirmation retreat sponsored by the Office of Youth Ministry of the Diocese of Victoria on February 4, 2018.** I understand that the retreat will take place in **Victoria, TX** at **The Cathedral of Lady of Victory**. I agree to defend, indemnify and hold harmless the Diocese of Victoria, its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my participation in the above mentioned activity. I grant permission for non-prescriptive medication (e.g. tylenol, throat lozenges, cough syrup, pepto-bismol, etc.) and routine non-surgical medical care to be given to my son/daughter if deemed advisable by the supervising diocesan personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located. I hereby give permission for my son/daughter to be photographed or video taped. I realize that the photo may be published in the newspaper, a magazine or other publications. The video may be used for educational purposes or informational purposes regarding programs or curriculum.

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City & Zip \_\_\_\_\_

My son/daughter is allergic to: \_\_\_\_\_

My son/daughter takes the following medication (name, dosage): \_\_\_\_\_

This medication is for: \_\_\_\_\_ Medication he/she is allergic to: \_\_\_\_\_

Last immunization/booster for Diphtheria /Tetanus: \_\_\_\_\_

List any specific medical problems or physical limitations: \_\_\_\_\_

***In an emergency, if unable to reach parent/guardian, please contact:***

Name \_\_\_\_\_ Wk (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Wk (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

Group or Plan # \_\_\_\_\_

**OFFICE OF YOUTH AND YOUNG ADULT MINISTRY  
DIOCESE OF VICTORIA IN TEXAS  
PERMISSION FORM/MEDICAL RELEASE**

**ADULT**

NAME \_\_\_\_\_ Sex:  M or  F Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
St/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Birthdate \_\_\_\_\_ Parish/City \_\_\_\_\_

**I am willing to participate in the \_\_\_\_\_ (event), sponsored by \_\_\_\_\_ (parish) or the Office of Youth and Young Adult Ministry of the Diocese of Victoria in Texas on \_\_\_\_\_ (date).** I agree to defend, indemnify and hold harmless the Diocese of Victoria, its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my participation in the above mentioned activity.

In case of an emergency, I grant permission and authorization for a designated adult representative of the Office of Youth and Young Adult Ministry to sign for treatment by a local physician and/or hospital selected by the Office of Youth and Young Adult Ministry of the Diocese of Victoria in Texas.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City/Zip \_\_\_\_\_

1. Are you allergic to any type of medication? If so, please indicate: \_\_\_\_\_

Describe reaction? \_\_\_\_\_

2. Are you presently taking any prescription medication over an extended period of time? \_\_\_\_\_

Name of medication: \_\_\_\_\_ What is it for? \_\_\_\_\_

3. Do you have any allergies? \_\_\_\_\_ If so, what are they? \_\_\_\_\_

Last immunization/booster for Diphtheria/Tetanus: \_\_\_\_\_

**Name of Insurance Company** \_\_\_\_\_ **Phone (\_\_\_\_)** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/St/Zip** \_\_\_\_\_

**Name of Insured** \_\_\_\_\_ **Policy or Group Plan #** \_\_\_\_\_

***In an emergency, if unable to reach parent/guardian, please contact:***

Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

**GUIDELINES FOR PARISH LEADERSHIP &  
ADULT CHAPERONES**

**ADULT**

**The Diocese of Victoria, through its Office of Youth and Young Adult Ministry, provides opportunities for the young Church to grow in relationship with Jesus Christ, answer His call to ministry and service, meet and grow friendships with other followers of Christ and learn about the mission and teachings of the Catholic Church. This form is a list of minimum conduct requirements for all adult parish leaders/adult chaperones of any diocesan event. Opportunities for the young Church occur through a variety of events that may require additional, more specific rules and policies to be followed.**

Parish leaders/adult chaperones are responsible for the actions of youth from their respective parishes. Each parish leader/ adult chaperone will take full responsibility for any damage or theft incurred by members at the conference site. It is our request that all parish leaders/ adult chaperones help to enforce a positive and respectful attitude, and to set an example for youth. Parish leaders/ adult chaperones must be at least 21 years of age and have successfully completed their Diocesan Safe Environment Programs and background check requirements.

The following guidelines have been established to help parish leaders/adult chaperones:

- \_\_\_\_\_ 1. Parish leaders/ adult chaperones nametags will bear a colored tag or other identifiable marker which identifies them as parish leader/ adult chaperone.
- \_\_\_\_\_ 2. Each parish leader/adult chaperone is in charge of a group of youth following the official ratio in accordance with diocesan policy. Youth should know in advance that there will be an assigned chaperone for them to check in with.
- \_\_\_\_\_ 3. Responsibility for discipline is shared by all parish leaders/adult chaperones.
- \_\_\_\_\_ 4. Each parish leader/ lead chaperone will pick up registration packets and distribute any information to all chaperones.
- \_\_\_\_\_ 5. Parish leaders/adult chaperones will attend all activities and communicate with youth on a regular basis to answer questions and CANNOT leave the event. All parish leaders/adult chaperones are responsible for the youth assigned to them.
- \_\_\_\_\_ 6. Parish leaders/adult chaperones are required to wear nametags at all times. Nametags are necessary for entrance into all activities and meals.
- \_\_\_\_\_ 7. Each parish leader/adult chaperone is responsible for medical release forms for their participants and adults. A copy of the medical release/permission forms must be kept with parish leader/adult chaperone at all times. Any illness, injury or accident should be reported to the Diocesan Director or designee and an accident/incident report must be filled out to be kept on file at both the parish level and Diocesan Offices.
- \_\_\_\_\_ 8. Parish leader/adult chaperone must refrain from consuming alcoholic beverages/smoking during the event.
- \_\_\_\_\_ 9. Each parish leader/adult chaperone is responsible for the care, safety, and supervision of their youth throughout the event. In particular, special arrangements for transportation and any arrangements to leave early or arrive late require written permission from the parents of the child. Youth are not permitted to leave the building for any reason without adult supervision.
- \_\_\_\_\_ 10. Depending on the structure of the event, monitoring duties may be assigned to parish leaders/ adult chaperones for a certain time such as door duty, etc. Please check with your Diocesan Director or designee for information/ assignments.
- \_\_\_\_\_ 11. Parish leaders/ adult chaperones are requested to make sure all youth are accounted for and notify their parish leader or designee if any problem occurs.
- \_\_\_\_\_ 12. Youth who cause problems should be reported to the Diocesan Director or designee. If necessary, parents will be notified and youth will be sent home.
- \_\_\_\_\_ **13. Parish leaders/adult chaperones should always know the location of the young people in their care, at all times.**

It is the hope of the Diocese that everyone who attends this event has an opportunity to benefit from all that it has to offer. By providing chaperones with guidelines, we hope to answer questions and avoid problems and confusion. Thank you very much for your willingness to participate in this event. We hope that you will benefit from it as much as the young people from our Diocese.

*I have read and agree to abide by these guidelines while attending diocesan events.*

\_\_\_\_\_  
*Signature of Parish Leader/Adult Chaperone*

\_\_\_\_\_  
*Parish/ City*

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