

# CONFIRMATION RETREAT

NOVEMBER 20-22, 2009, CAMP KAPPE IN PLANTERSVILLE  
FOR ALL HIGH SCHOOL CONFIRMATION CANDIDATES



**What:** An unforgettable weekend dedicated to reflecting upon faith and gaining a deeper understanding of Confirmation. There will be talks, discussion, music, drama, activities, games, prayer, recreation, great food, awesome facilities (including beds and hot water) and lots of friends!

**Meet:** At the front steps of Christ the Good Shepherd Chapel at 600 S. Coulter, Friday, Nov 20 at 5:30pm.

**Return:** To St. Joseph Secondary Campus Parking Lot (back lot), Sunday, November 22 at noon. Students will attend Mass on the Retreat.

**Cost:** Cost is covered in the Confirmation Registration fee.

**Adult Sponsors** are invited to join the retreat staff if they are in compliance with the Diocese of Austin's Ethics and Integrity In Ministry Policies. Contact John Valentino for more information 324-9577.

**Parents** are NEEDED on this retreat as cooks, chaperones, and for night duty. (See Volunteer Form.)

**Registration:** Consent Form (below), Medical Form, and Payment are due on Sunday, November 1.

**What to Bring:** Bible, journal, bedding or sleeping bag, pillow, comfortable clothes, active shoes, toiletries, and towels.

**DO NOT BRING:** Any electronics, including music player, CDs, video games, and mobile phones. Electronics will be confiscated. Mobile phones will be taken up at the beginning of the retreat and only given back in case of emergency and at the end of the retreat.



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ST. JOSEPH CONSENT FORM AND LIABILITY WAIVER  
For: St. Joseph Confirmation Retreat, November 20-22, 2009, Camp Kappe in Plantersville

Participant's Name \_\_\_\_\_

Parent Name and Phone #: \_\_\_\_\_

Phone Number Where Parent can be reached During Retreat \_\_\_\_\_

I (we) the undersigned parents(s), legal guardian(s) of \_\_\_\_\_, a minor, do hereby release, hold harmless and discharge St. Joseph Catholic Church, its staff and volunteers and the Diocese of Austin, its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my (our) child's participation in this event. I waive such claims against 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 (we) authorize treatment of my (our) child by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary. This consent form will remain effective en route to, during and en route from event site(s) listed at the top of this form.

**Code of Behavior:** I agree that my child shall abide by the rules and regulations of this event. I understand that if my child fails to abide by the rules or engages in any infraction of the rules whatsoever, my child will be dismissed from the event and sent home at my expense for the immediate transportation home with no right of reimbursement for any amount in connection therewith.

\_\_\_\_\_  
**Signature of parent or legal guardian**

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

\_\_\_\_\_  
**Signature of participant**

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