

**Spring 2023 – CONFIRMATION RETREAT PERMISSION SLIP**

**PLEASE RETURN THIS PERMISSION SLIP WITH YOUR REGISTRATION**

I, \_\_\_\_\_ (parent / guardian), give my permission for my son / daughter \_\_\_\_\_ to attend the St. Andrew confirmation retreat at **St Andrew Church Colchester, CT on Saturday April 29, 2023**. I recognize, acknowledge and agree that the Church of Saint Andrew, the Diocese of Norwich, nor any chaperones shall be liable for any personal injury or property damage suffered by my child during this event, regardless of how such injury or damage is caused. I further agree for myself and my child to forbear from bringing any such claims that might arise.

I understand that they must be dropped off at **St Andrew Church Hall** on Saturday morning at 8:30 AM and I agree to pick them up at St Andrew Hall on Saturday Afternoon after 4:00 mass which usually ends around 5:00.

I understand that if for any reason, my son or daughter has to be sent home for disciplinary reasons they will not receive credit for attending this retreat and will not be confirmed until they have completed a confirmation retreat.

I also understand there must be at least 2 week's notice if my son or daughter cannot attend the retreat. There will be no refund if you cancel within 2 weeks prior to the retreat as food has been ordered.

Parent / guardian's signature \_\_\_\_\_ date \_\_\_\_\_

Parent's cell phone # \_\_\_\_\_

Parent's email \_\_\_\_\_

Emergency contact name and number \_\_\_\_\_

In addition, I authorize the adult leaders of this event to obtain any medical attention that may be necessary in my absence.

Parent / guardian's signature \_\_\_\_\_ date \_\_\_\_\_

Medical insurance company \_\_\_\_\_

Insurance policy number \_\_\_\_\_

Please provide any health information that we may need such as allergies etc. on the back of this permission slip.