



**St. Ursula Confirmation Retreat Info Sheet**  
**RETREAT IS SATURDAY, JANUARY 15th, 2022.**

Please return the attached permission slip at the December 19th class!

Your retreat will begin at 8:30 a.m. Transportation is via \_\_\_ bus service to and from the National Shrine of St. Elizabeth Ann Seton (339 S. Seton Avenue, Emmitsburg, MD 21727). You should meet in the St. Ursula SCHOOL parking lot by 8:15 a.m. We will return to the school parking lot at approximately 6:30 p.m. the same day.

Lunch will be provided at the Seton Shrine. Please let Mrs. Marinaro know immediately if you have any food allergies.

You really do not need to bring anything with you. Cell phones are allowed but may only be used to take pictures. They should be off or on silent for the duration of the day. In case of emergency, parents may contact Mrs. Marinaro at 443-564-6877 or Mr. Marinaro at 443-255-7091.

There is a gift shop on the premises, so you may bring money if you would like to purchase something.

Expectations:

This should be a fun experience where you will have a chance to spend time with other people in your Confirmation class and also learn more about their faith lives (and reflect on your own). You should be on time for retreat and plan to be there for the entire time. ***We cannot wait for individuals who are late for the bus. You will miss your retreat experience, your payment for this trip will not be refunded, and you will need to arrange to participate in a retreat with another parish.*** Remember, this is a requirement of your program and something you committed to in the beginning of this journey. You can expect to have fun and participate! I promise this will be a good experience if you are open to it!

**Any issues or questions please email me at [suconfirmation@gmail.com](mailto:suconfirmation@gmail.com)**

**ARCHDIOCESE OF BALTIMORE  
DIVISION OF YOUTH & YOUNG ADULT MINISTRY**

**PERMISSION FORM AND RELEASE**

Youth Name:

Home Phone:

Parent Name:

Cell Phone:

Address City/State/Zip

E-mail address:

Other number where Parent can be reached:

Date of Birth: \_\_\_\_\_ Male Female (please circle)

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany the Confirmation group of St. Ursula to:

***The National Shrine of St. Elizabeth Ann Seton  
339 S. Seton Avenue  
Emmitsburg, MD 21727  
301-447-6606***

I/we acknowledge receipt of the attached information sheet describing the planned activities.

In consideration of the opportunity for my son/daughter to participate in the program, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY St. Ursula Parish, the Division of Youth & Young Adult Ministry, the Roman Catholic Bishop of Baltimore and his successors, a Corporation Sole, and all their agents, servants and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter's participation in the program.

I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached. (Check one of the following:)

I am covered by hospitalization and medical insurance under policy

# \_\_\_\_\_ issued by \_\_\_\_\_ .

I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

(over)

I hereby grant permission to any staff person to provide the following over-the-counter drugs (or their generic equivalent) to my son/daughter if requested by my son/daughter (Check all that apply:)

Tylenol  Benadryl  Advil  Sudafed  Midol  Kaopectate  Neosporin  Pepto Bismol

ADD any other medical information concerning medication, allergies, illness, etc.

ADD any dietary restrictions:

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Division in writing. Please note that the Division has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participant(s).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_