



# 2013 Confirmation Retreat

**Facilitated by the Office of Youth Ministry and  
Members of the Youth Leadership Team**

Sunday, January 20, 2013 at  
*Holy Family in Wharton.*  
Registration begins at 11:30 a.m. in  
the parish hall. Mass will be  
celebrated during the retreat at  
6:00 p.m. Retreat will end at  
7:00 p.m. Deadline to  
register is Dec. 20, 2012 (on-  
line) or Jan. 6, 2013 (by mail).

Sunday, March 24, 2013  
*St. Mary's in Victoria.*  
Registration begins at  
10:00 a.m. in the parish hall.  
Mass will be celebrated during  
the retreat. Retreat will end  
at 4:30 p.m. Deadline to  
register is March 9, 2013.

Cost of the retreat is **\$10.00 per person for young people, \$7.00 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 \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

No. of young people attending \_\_\_\_\_ x 10.00 per person

No. of adults attending \_\_\_\_\_ x 7.00 per person

For every eight young people who attend from your parish, there must be one adult who is safe environment compliant.

Total amt. due \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_

***Spaces are limited to the first 100 young people registered for each retreat. Please remember due to catering and supply costs—there will be no refund for no-shows. Payment is due for the amount of people registered.***

Please also fill out the back or register online at [www.victoriadiocese.org/youth](http://www.victoriadiocese.org/youth)

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

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**2013 Confirmation Retreat • Group Registration Form**

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

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

<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.	

Fax to : 361-573-5725/ register on-line at <http://www.victoriadiocese.org/youth/youth.htm>

Or  
Mail to:  
Diocese of Victoria  
Office of Youth Ministry  
1505 E. Mesquite  
Victoria, Texas 77901

*January 20, 2013 Form*  
**OFFICE OF YOUTH AND YOUNG ADULT MINISTRY**  
**DIOCESE OF VICTORIA IN TEXAS**  
**PERMISSION FORM/MEDICAL RELEASE**

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

**I am willing to participate in the confirmation candidate/sponsor retreat sponsored by the Office of Youth Ministry of the Diocese of Victoria on January 20, 2013.** I understand that the retreat will take place in Wharton at Holy Family Parish. 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 (\_\_\_\_) \_\_\_\_\_

March 24, 2013 Form

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

NAME \_\_\_\_\_ Sex:  M or  F Age \_\_\_\_\_

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

St/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Birthdate \_\_\_\_\_ Parish/City \_\_\_\_\_

**I am willing to participate in the confirmation candidate/sponsor retreat sponsored by the Office of Youth Ministry of the Diocese of Victoria on March 24, 2013.** I understand that the retreat will take place in Victoria at St. Mary's Parish. 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? \_\_\_\_\_

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

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

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

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

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

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