

# Year 1 Confirmation Retreat

**DATE:** November 15-17, 2019 (Friday evening – Sunday morning)

OR

December 6-8, 2019 (Friday evening – Sunday morning)

**DROP OFF:** 6:30 pm **FRIDAY**. Parents drop-off your child at **SAN MARCOS CAMP** (Directions Below) anytime starting from 6:30 pm no later than 7:00 pm

**PICK UP:** 11:00 am **SUNDAY**. Parents pick-up at **SAN MARCOS CAMP** after 11 am, no later than 11:30 am  
ST. RAPHAEL'S IS NOT PROVIDING TRANSPORTATION TO AND FROM THE RETREAT. This helps us keep the cost down. Carpooling is encouraged.

**Location:** **SAN MARCOS CHRISTIAN CAMP**

**Direction:** Once on the 154 (San Marcos Pass), Go Approx 11 miles. Go **RIGHT** on **PARADISE RD**,

Go 0.4 miles, Go **RIGHT ON STAGECOACH RD**. Destination on **LEFT 1 mile** . (Look for signs).  
Follow road down the hill. At the end of the hill turn **LEFT**

**COST:** \$120.00 This included lodging and food (*Checks payable to St. Raphael's Youth Ministry*)

**BRING:** Sleeping bag, towel, pillow, warm clothes, and flashlight. Prescription/Medication must be given to DOROTHY OR JUSTINE upon check in.

*Anyone found in possession of alcohol or illegal substances will be asked to leave the retreat and possibly the Confirmation program.*

## **IMPORTANT INFORMATION FOR PARENTS:**

- Please inform school (sports teams) in advance of this weekend.
- **NO Dinner** will be served Friday night / EAT before you come on Friday
- Teens are **NOT** allowed to leave the weekend once they arrive except for illness
- In an emergency call SAN MARCOS CAMP 805-967-5773, John 805-708-5130 OR Justine 805-698-8304

## **\*MANDATORY CLOSING MASS**

St. Raphael's Sunday evening 5:30 pm Life Teen Mass. **There will be no Mass on Sunday at the retreat.** Parents and families, please attend the 5:30 pm closing Mass at St. Raphael's, students **MUST ATTEND**. Optional Life Night following the Mass will feature pictures of the retreat, fun, games and deep spiritual sharing. Attendance is encouraged, but not mandatory to Life Night.

**Return this form by:**

**October 28<sup>th</sup> for November Retreat**

**November 23<sup>rd</sup>. for December Retreat**

**PLEASE FILL OUT BACK SIDE-----**

## CONFIRMATION RETREAT

Student's Name (Print) \_\_\_\_\_  
Student Cell: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Circle Retreat you are Attending: November OR December**

The undersigned does hereby give permission for our (my) student, (student's name) \_\_\_\_\_, to attend **THE CONFIRMATION YEAR 1 RETREAT at San Marcos**. I agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of the field trip. Should it be necessary for my child to have medical treatment while participating on this trip, I hereby give the parish personnel permission to use their judgment in obtaining medical service for my child and I give permission to the physician selected by parish personnel to render medical treatment deemed necessary and appropriate by the physician. I agree that in the event my child is injured as a result of his or her participating in this above named youth activity, including transportation to and from such activity, whether or not caused by the negligence (active or passive) of the parish or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

**Please turn in all prescription medications to Justine when child arrives.**

Child's Date of Birth: \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone : \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address \_\_\_\_\_ Phone : \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address \_\_\_\_\_ Phone : \_\_\_\_\_

### ALERGIES:

Food Allergies: Yes / No.

If Yes, explain \_\_\_\_\_

Drug Allergies: Yes / No.

If Yes explain \_\_\_\_\_

Environmental Allergies: Yes / No.

If Yes explain \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

### IS YOUR CHIKD TAKING PRESCRIPTION MEDICATIONS:

Yes / No. If Yes Explain: \_\_\_\_\_

All Prescription medications must be handed to the camp nurse

I agree to allow my child to be given over the counter Non Prescription Medication: Yes/ No

Please list any medical concerns: