

# Permission / Release Form for 2017 Confirmation Retreat

Event Name: **Confirmation Retreat**

Event Location: **Beginning at St. Augustine Church,  
travelling to Holy Hill, National Shrine of Our Lady , Help of Christians, In Hubertus, Wisconsin**

Designated Supervisors of Event: **Janet Kassel and Carol Reilly (Other chaperones will be present)**

Date and Time of Departure: **Sunday, October 15, 2017  
Leaving St. Augustine parking lot at 7:45 AM**

Date and anticipated Time of Return:  
**Sunday, October 15. Approximate return time between 5:30 and 6:00 PM  
Ask students to give your cell a call from bus on way home to confirm exact time for pick-up.**

Method of Transportation: **Van Galder Coach Bus**

**Cost of Event: \$25.00 Money, and Permission and Release Form are due no later than Sunday, Oct. 08.**

Brief Description of Event: *This year's theme is Messages and Miracles...God's Saints in our Lives.* We will discuss Prayer, Fatima and St Teresa of Jesus, (her feast day is October 15) as we travel and tour Holy Hill. Time for discussion and silent reflection will be provided. Fabulous noon meal at the Holy Hill Café.

## This Section to be filled out by parent/guardian of participant:

(Please print below info)

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

Address, City, State: \_\_\_\_\_

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

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

(Please print above names)

I hereby consent to participation by my son/daughter in the event described above. I understand that this event will take place away from the Parish grounds and that my child will be under the supervision of the above-mentioned supervisor on the stated date. I further consent on the conditions stated above on participation in this event, including the method of transportation stated below. As parent/legal guardian, I remain fully responsible for any legal responsibility for the actions taken by the named student. I hereby hold harmless St. Paul Parish, St. Augustine Parish, the Diocese of Madison, Bishop Robert C. Morlino, its officers, directors, and agents, and all employees and chaperones associated with the event. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical treatment or surgery.

**Method of Transportation for participant named above: Van Galder Bus. Parents are responsible for getting students to and from St. Augustine or St. Paul to meet the bus at the above described time.**

Parent's (Guardian's) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**You must also have completed a Medical Form on file at church.**

You should have submitted this form with your registration forms. This will be on file at church for the year 2016-2017  
If you do not submit a new form we will use forms on file from last year. If significant changes have occurred, please submit a new form.  
Please call Janet Kassel 608-876-6311 for a copy of that form.

**Date form is completed: \_\_\_/\_\_\_/\_\_\_**