



NET RETREATS 2019

For ALL students in both Year 1 and Year 2 Confirmation prep.

In His Image!

Who are you? A soccer player? A dancer? The funny guy or the smart girl? We need to remember who we really are. There is one identity you don't earn and cannot be taken away. We will explore our inclination to identify ourselves by what we do rather than who we are as God's sons and daughters.

A required part of Confirmation preparation. Attendance is expected for the entire retreat. In Saint Peter's Parish Hall, from 4:30pm – 9:00pm, snacks and dinner included.

Please circle preferred date (space is limited):

 Tues, Oct 22 **OR** **Wed, Oct 23**

FEE: \$45 (financial assistance is available as needed) RETURN FORM AND FEE TO SOR BY OCT 15

I, _____ (Parent/guardian), request that you allow my son/daughter, _____ to participate in ONE of the St. Peter's Confirmation NET Retreats on:

Check one: **Tues, Oct 22** **OR** **Wed, Oct 23**

In the event of an accident or injury, and I cannot be reached, I hereby grant permission for my child to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve St. Peter's Parish, and the Archdiocese of Washington of all responsibility and consequences that may arise as the result of this treatment.

I will not hold St. Peter's Parish nor the Archdiocese of Washington, chaperones, or representatives associated with the outing liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

Parent/Guardian Signature: _____ date: _____

Medical Information (Please print all information)

1. My child is allergic to (medication/food/other - please be specific): _____
2. My child must take the following medication : _____
3. You should be aware of these conditions or needs of my child: (dietary, asthma, walking assistance, bee sting allergies, other concerns): _____

4. Please provide all necessary information about insurance: _____

Insurance carrier: _____

Policy Number: _____

5. In case of an emergency, please notify (include name and phone number): _____
