Confirmation Retreat

February 13-14, 2016
at St Joseph, Hayward
in collaboration with the Dioceses of Superior and NET Ministries

Adult Liability Waiver and Health Information

Please return this form to the appropriate parish/school/diocesan personnel by the date indicated below.

Your Full Legal Name: ____

Date of Birth:______________________________ **Gender:** ______________________________

Address: ____

Phone Numbers – Home: _______________**Work:**____________**Cell:**________________________

Email:____

The individual identified above is eligible to be a chaperone or adult participant for the parish/school/Diocese of Superior (DOS) activity described below. This activity will take place under the guidance and supervision of employees and/or volunteers from the ____________Parish and the Diocesan Office of Marriage, Family and Youth Ministry.

Type of activity:	**Student Confirmation Retreat**
Description of activity:	**Retreat on the Holy Spirit and Confirmation.**
Date:	**Saturday, February 13 at 8:30 AM register – Sunday, February 14, 4 PM 2016**
Method of transportation:	**As determined by your parish.**
Registration:	**First-come until full. $75 plus permission form, make out to: St. Joseph** **Ask your coordinator if scholarships are available.**

As a courtesy to the Diocese of Superior, all youth and adults that will participate in this activity, must complete and sign this form **must be returned to our diocesan liaison for this retreat**:

Teri Radcliffe, Coordinator of Religious Education - St. Joseph, 10586 North Dakota Avenue (P O Box 97)
Hayward WI 54843

As per the Diocese of Superior Safe Environment Policies and in accordance with the United States Conference of Catholic Bishops' *Charter for the Protection of Children and Young People,* I have completed all of the appropriate documentation, as well as a background check and sexual abuse awareness and prevention training as apply to my particular participation in the above named activity. I agree to act in accordance with all other diocesan codes of conduct, guidelines and policies. I fully understand my responsibilities for this event as described to me by parish/school/(DOS) staff and or those planning the activity. I further agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend (Parish Name)____________________, the Diocese of Superior, its officers, directors agents, employees, or representatives associated with the field trip or event from any and all liability claims, loss or damage arising from or in connection with my participation in this activity.

Adult Participant Signature: ______________________________ ***Date:*** ________________

This is a two-sided form. Please complete both sides.

Emergency and Incidental Medical Treatment

In the event of an emergency, if I am rendered unconscious or cannot speak or make a decision for myself, please contact:

Name: ____ Relationship: _____________________

Phone numbers - Home: __________________ Work: ___________________ Cell: _____________________

I understand that if the emergency contact cannot be reached, the parish/school/DOS reserves the right to make a temporary decision that is in my best interest until such a time when I can answer for myself or my emergency contact can be reached.

Please supply all of the information requested below:

Health Insurance Company: ____

Policy # : ____

Family physician or clinic: ____
Address: ____
Phone: ____

Family dentist: ______________________________ Address: ____
Phone: ____

Date of most recent physical examination: ____
Current medications: ____
Dosage & Frequency: ____
Date of most recent tetanus immunization: ____

Known allergies: ____
Treatment for allergies:
____

Recent surgeries or serious illness: ____

Any other special needs to be noted: ____

I verify that all of the medical information above is correct and current to the best of my knowledge at the time of the activity described above. I have indicated all potential health issues for myself, including medications and any special dietary needs

Adult Participant Signature: ____ Date: ____________________