



# ST. LORENZO RUIZ CATHOLIC COMMUNITY

OFFICE OF CONFIRMATION & YOUTH MINISTRY

September 1, 2019

Dear Parents:

It is with great enthusiasm that I share this news with you. Plans for our **Confirmation Two** retreat have been approved and reservations have been made. Our planning team has been working very hard to make this retreat the best possible experience for your child.

The retreat will take place at Pilgrim Pines Camp in Yucaipa, CA. Yucaipa is about sixty miles away from Walnut. It is a full-service facility that provides a setting conducive to the spiritual tone of our retreat.

The retreat is mandatory and will take place on **February 7-9, 2020**. The cost of the retreat is as follows:

\$200 until November 15, 2019

\$225 until December 15, 2019

\$250 until December 31, 2019

This amount covers transportation to and from Pilgrim Pines via school bus, all meals, lodging, activities, and all materials necessary for the weekend. No retreat registration forms will be accepted after December 31<sup>st</sup> and we are unable to issue any refunds in case your student is unable to attend the retreat.

Attached with this letter, you will find the registration form as well as an information sheet. The information sheet includes a packing list and frequently asked questions. Please fill out both sides of the registration form and return it along with the payment **no later than December 31, 2019**. If you are in need of financial assistance, please feel free to call the Confirmation office to discuss payment options.

On behalf of our Planning Team, I would like to thank you for the opportunity to participate in the spiritual growth of your youth. If you have any questions, please do not hesitate to contact me at (909) 595-9545 or [carabermejo@saintlorenzo.org](mailto:carabermejo@saintlorenzo.org)

Sincerely in Christ,

A handwritten signature in blue ink that reads "Cara R. Bermejo".

Cara R. Bermejo  
Director of Confirmation/Youth Ministry



# st. lorenzo ruiz confirmation program confirmation two retreat

<> February 7-9, 2020 <> Pilgrim Pines Camp <> Yucaipa, CA <> \$200 until 11/15, \$225 until 12/15, \$250 after 12/15 <> Deadline is 12/31/19 <>

## PARTICIPANT INFORMATION

Name of Participant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Gender: \_\_\_\_\_ Age: \_\_\_\_\_  
**PARENT CONTACT INFORMATION (FOR YOUTH PARTICIPANTS ONLY)**  
Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_  
**EMERGENCY CONTACT INFORMATION (FOR ALL PARTICIPANTS)**  
Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

## PARENT CONSENT/LIABILITY RELEASE

I, the parent/guardian of the above named participant give permission for my son/daughter to attend the Confirmation Two Retreat on February 7-9, 2020 at Pilgrim Pines Camp in Yucaipa, CA. In consideration for making arrangements for this activity, we hereby release and save harmless the Archdiocese of Los Angeles, St. Lorenzo Ruiz Catholic Church and all other ministries involved and their employees, officers, and agents from any and all liability, suits, causes and claims arising to our son/daughter as a result of, or in connection with, this activity.

In case of injury or related emergency, I authorize that first aid be administered by the team or by a person qualified to render such service, if deemed necessary by the adult coordinator, staff and/or chaplaine. I further authorize that the retreat team notify me in the event my son/daughter behaves inappropriately and I understand that I will be required to pick my child up immediately from the church.

\_\_\_\_\_ PLEASE INITIAL

## PHOTO AUTHORIZATION AND RELEASE

I grant permission for my son/daughter's image to be used from photos taken during this event. St. Lorenzo Ruiz Catholic Church, and all other ministries involved assures that the use of the images of your son/daughter will be for very limited purposes of publication in the parish bulletin or website, and for promotion of similar kinds of events.

\_\_\_\_\_ PLEASE INITIAL

## INSURANCE INFORMATION

Family Health Insurance Company: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_  
Company Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

## MEDICAL INFORMATION

NAME OF MEDICATION \_\_\_\_\_ DOSAGE \_\_\_\_\_ INSTRUCTIONS \_\_\_\_\_ SIDE EFFECTS \_\_\_\_\_

Please place all medications in a Ziploc bag with your child's name clearly printed on the bag. All medication needs to be turned in to the Youth Ministry office the day of the event. The participant will not be permitted to take any medication without a parent consent form.

Special Dietary Needs: \_\_\_\_\_

Has the youth named above been exposed to any communicable diseases in the past three weeks? \_\_\_\_ YES \_\_\_\_ NO

If yes, which disease and when? \_\_\_\_\_

## PARTICIPANT SIGNATURE

I have read the above and agree to cooperate and conform with the directions and rules of St. Lorenzo Ruiz Parish and Youth Ministry and its volunteers. I understand that failure to comply with all the rules may result in my being sent home from the activity.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## PARENT/GUARDIAN SIGNATURE (FOR PARTICIPANTS UNDER THE AGE OF 18)

I have read and fully understand all of the information listed on this registration. I grant permission for my son/daughter to participate in the Confirmation Two Retreat on February 7-9, 2020 at Pilgrim Pines Camp in Yucaipa, CA. I understand that in the event that my son/daughter is unable to attend the retreat, a refund will not be issued.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## NOTES (FOR OFFICE USE ONLY)

\_\_\_\_\_ Amt Paid  CASH  CC  CK  Check Number \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_