

## C2 Confirmation information 2017 to 2018

***Please fill this form out and return it to by  
Wednesday, October 11<sup>th</sup>, 2017***

***If you have any questions please contact Bryan at 651-621-1562  
or by e-mail at [bcollins@churchofstpatrick.com](mailto:bcollins@churchofstpatrick.com).***

**Learner's full name** as it will appear on the certificate of Confirmation: (no shortened names please)

(Last)

(First)

(Middle)

### (C2 Learners ONLY)

<p><b>Is the information below the same as your C1 year?</b></p> <p><b>If yes, you do not need to complete the rest of this form.</b></p>	<p><b>Yes</b> <small>(Please circle)</small></p>	<p><b>No</b></p>
---	--	------------------

Parent(s) or Guardian: \_\_\_\_\_

Church of Baptism \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_

## Sponsor Information

Sponsor's Name: \_\_\_\_\_

Sponsor's address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

# (C2 Only) Consent form for C2 Confirmation Retreat – **DUE OCT. 11**

Learner/Participant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Grade 2016-2017 \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Retreat March 17 to 18, 2018 Type of Retreat Confirmation

Destination Association Retreat Center, Osceola, WI

Individual(s)/Teacher(s) in Charge Bryan Collins

Estimated Time of Departure 10:00 AM on 3/17/18 Return 3:00 PM on 3/18/18

Mode of Transportation To & From Event School Bus

Learner Cost (if applicable) Included in Faith Formation Registration Tuition

I, \_\_\_\_\_, grant permission for \_\_\_\_\_  
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the Church of St. Patrick and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the Church of St. Patrick/Archdiocese of St. Paul & Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact \_\_\_\_\_  
Name Phone Number

**MEDICAL INFORMATION:**  
Medication my child is taking at present \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Family Health Plan carrier number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

\_\_\_\_\_  
Signature Date