DIOCESAN CONFIRMATION RETREATS 2026-2027
CATHOLIC DIOCESE OF RICHMOND

YOUTH Registration Form

Please indicate Confirmation Retreat location:

◯	Saturday, November 14, 2026 at Saint Thomas More, Lynchburg
◯	Sunday, November 15, 2026 at The Blessed Sacrament Huguenot School, Powhatan
◯	Saturday, January 30, 2027 at Saint Mark, Virginia Beach

YOUTH INFORMATION

First Name: _____ Last Name: _____

First/Nick Name for Badge: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____

Email: _____

Parish Name: _____ City: _____

Sex: _____ Date of Birth (MM/DD/YY): _____

Grade: _____

PARENT / GUARDIAN INFORMATION

Name: _____ (Parent/Guardian #1) _____ (Parent/Guardian #2)

Cell Phone: _____ (Parent/Guardian #1) _____ (Parent/Guardian #2)

Email: _____ (Parent/Guardian #1) _____ (Parent/Guardian #2)

EMERGENCY CONTACT INFORMATION

Name: _____

Cell Phone: _____

Relationship: _____

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Medical Information and Release Form

All information is kept private and confidential

Name of Participant: _____

MEDICAL INFORMATION

In many cases, our team is not familiar with the medical, physical, and/or emotional history of each participant. It is essential that <u>ANY</u> information relating to the participant is shared in detail. BE AS SPECIFIC AS POSSIBLE.

Does the participant have any dietary restrictions? ☐ **YES** ☐ **NO**	Select any restrictions that apply to this participant: ☐ **Gluten-free** ☐ **Peanut-free** ☐ **Vegetarian**
Is the participant allergic to anything? ☐ **YES** ☐ **NO**	List any details of allergies below (this may include allergies to specific medications or chemicals, allergies to any substances, food allergies, etc.). Please note, dietary needs other than the ones listed above will not be accommodated.
Is the participant currently taking or has taken any prescription medication in the last 6 months? ☐ **YES** ☐ **NO**	List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.
Does the participant have any emotional, physical or sensory conditions? ☐ **YES** ☐ **NO**	List any **emotional** conditions that may impact participation in the event. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant. List any **physical and/or sensory conditions** of which we should be aware or of which need special accommodations (e.g. hearing loss, visual impairment, mobility).

RELEASE OF LIABILITY AND MEDICAL RELEASE

As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Catholic Diocese of Richmond, its employees and agents, chaperons, or representatives associated with this event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Parent/Guardian Signature: _____ Date: _____

USE OF PICTURES AND/OR VIDEO

*I give permission for pictures and/or video of my child (named above) engaged in activities related to any Diocesan event to have their pictures posted in the Diocese of Richmond publications or websites. Names of participants **will not** be used without expressed permission from the parent or guardian. If no box is checked below, the Diocese of Richmond assumes you give permission.*

Parent/Guardian Signature: _____ Date: _____

DIOCESAN CONFIRMATION RETREATS 2026-2027
YOUTH CODE OF CONDUCT

Youth participants must read, understand, agree, sign and return this sheet with the Medical Information and Release form. Each participant is expected to adhere to the following principles while at the Diocesan Confirmation Retreat:

SHOW LOVE AND RESPECT FOR GOD:

- ✓ Pray daily for self and others.
- ✓ Participate in the sessions, activities, prayer experiences, and Sacraments.
- ✓ Be open, flexible, and have a servant's attitude.
- ✓ Represent God in your words and actions.

SHOW LOVE AND RESPECT FOR SELF:

- ✓ Remember that you are the Temple of the Holy Spirit. Present yourself accordingly.
- ✓ No alcohol, drugs, or smoking will be tolerated during the event.
- ✓ Dress with modesty, considering the activities in which you will be partaking.
- ✓ Any music you bring and listen to should glorify God.
- ✓ Keep yourself hydrated and energized by drinking plenty of water and eating meals.

SHOW LOVE AND RESPECT FOR OTHERS:

- ✓ All words and actions should be those of Christ to build up others and not injure.
- ✓ Make sure that your actions during the activities do not distract others from hearing, seeing, or praying.
- ✓ No horseplay or other potentially harmful actions. Leave pocketknives, lighters, or other hazardous materials at home.
- ✓ No outside or unregistered visitors at the event will be permitted.
- ✓ The facility must remain clean and undamaged. Pick up trash when you see it. If you cause damage to something, you will personally be responsible to pay for the damage.

I have read, understand, and agree to the above principles. Any violation of the above principles may result in immediate dismissal from the Diocesan Confirmation Retreat and participants will forfeit their registration fee.

Youth Signature: _____ Date: _____

Printed Name: _____

Parent Signature: _____ Date: _____

Printed Name: _____