

# DIOCESAN VIRTUAL CONFIRMATION RETREATS 2020-2021

## CATHOLIC DIOCESE OF RICHMOND

### ADULT Registration Form

Please indicate Confirmation Retreat date:

<input type="checkbox"/>	Saturday, December 12, 2020 Virtually
<input type="checkbox"/>	Saturday, January 23, 2021 Virtually
<input type="checkbox"/>	Saturday, February 20, 2021 Virtually

#### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parish Name: \_\_\_\_\_ City: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

#### SAFE ENVIRONMENT

*All adults who participate in a youth event sponsored by the Office for Evangelization must be in compliance with the Diocesan Safe Environment Policies. Please indicate that you have completed each component listed below:*

- YES  NO Screening One (completed every 5 years)
- YES  NO VIRTUS Training (completed once)

Print your entire legal name: \_\_\_\_\_

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## Release Form

*All information is kept private and confidential*

### RELEASE OF LIABILITY

*As the 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, chaperones, 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 chaperones, 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 give my consent to participate virtually via Zoom should circumstances surrounding the COVID-19 pandemic dictate that such means of participation are in the best interests of all concerned.*

Adult 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 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.*

YES  NO Adult Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### ADULT CODE OF CONDUCT

Group leaders and chaperones must read, understand, agree, sign and return this sheet with the release form. Each chaperone is expected to adhere to the following principles while attending the event:

#### 1. Alcohol, Drugs, and Smoking

- ✓ All state laws concerning alcohol and drugs will be strictly enforced.
- ✓ Possession and/or consumption of alcohol or drugs are not permitted on screen during the retreat.
- ✓ Adults who chose to smoke must smoke out of sight of youth participants.

#### 2. Appropriate Dress

- ✓ All participants are expected to dress in a fashion that represents modesty, respecting other participants and our Lord.
- ✓ Clothing must cover all undergarments and midriffs. Participants must wear shirts at all times.
- ✓ The Group Leader and Chaperones are expected to communicate these expectations to the youth before the retreat and enforce the dress code at all times during the Zoom.

#### 3. Participation

- ✓ It is expected that all retreat participants and chaperones will be present at all scheduled sessions.

#### 4. Insubordination

- ✓ It is expected that youth and adults will follow the direction of all retreat staff.
- ✓ Any instances of lack of cooperation or insubordination will not be tolerated and will be subject to appropriate discipline.

I have read, understand, and agree to the above policies. I will ensure that anyone accompanying me to the retreat also understands and agrees to these policies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_