

DIOCESAN CONFIRMATION RETREATS 2021-2022

CATHOLIC DIOCESE OF RICHMOND

ADULT Registration Form

Please indicate Confirmation Retreat location:

<input type="checkbox"/>	Saturday, December 4, 2021 at Saint Edward the Confessor, Richmond
<input type="checkbox"/>	Saturday, December 11, 2021 at Saint Thomas More, Lynchburg

PERSONAL INFORMATION

First Name: _____ Last Name: _____

First/Nick Name for Badge: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____

Email: _____

Parish Name: _____ City: _____

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

EMERGENCY CONTACT INFORMATION

Name: _____

Cell Phone: _____

Relationship: _____

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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Medical Information and Release Form

All information is kept private and confidential

Name of Adult: _____

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 ANY 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.):

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

I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend the Catholic Diocese of Richmond, its officers, directors, agents employees, or representatives associated with this event from any and all liability, loss or damage arising from or in connection with my participation in this diocesan event.

Furthermore, I hereby warrant that to the best of my knowledge, I am in good health and assume all responsibility for my health. In the event of an emergency, I hereby give permission to transport me to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor or that my emergency contact be notified prior to any further treatment. I will not hold the Diocese of Richmond or my parish responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

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.

Participant Signature: _____ Date: _____

USE OF PICTURES AND/OR VIDEO

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

YES NO Participant Signature: _____ Date: _____

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ADULT CODE OF CONDUCT

Adults must read, understand, agree, sign and return this sheet. Each adult is expected to adhere to the following principles while participating in the Diocesan Confirmation Retreat:

ALCOHOL, DRUGS, AND SMOKING

- ✓ Possession and/or consumption of alcohol or drugs are not permitted during the event.
- ✓ Adults who choose to smoke must smoke out of sight of youth participants.

APPROPRIATE DRESS

- ✓ All participants are expected to dress in a fashion that is modest and appropriate for the work at hand.
- ✓ Clothing must cover undergarments, shoulders, and midriffs. All participants must wear shirts at all times.
- ✓ Adults are asked to help the Youth Minister/Group Leader uphold the dress code.

PARTICIPATION

- ✓ Only registered Adults and Volunteers over the age of 21 are permitted as drivers.
- ✓ Anyone staying onsite at the event *MUST* be officially registered with the Office for Evangelization.

OTHER CONSIDERATIONS

- ✓ All current Diocesan Safe Environment guidelines should be followed.
- ✓ It is expected that youth and adults will follow the direction of their parish Youth Minister/Group Leader. If any discipline problems or concerns arise, the first person to communicate with is the parish Youth Minister/Group Leader.
- ✓ The Office of Evangelization staff has the authority to dismiss any youth or adult from participating in the event.

I have read, understand, and agree to the above principles. Any violation of the above principles may result in my dismissal from the Diocesan Confirmation Retreat, including me forfeiting my registration fee.

Signature: _____

Date: _____

Printed Name: _____

Parish: _____