

# DIOCESAN CONFIRMATION RETREATS 2025-2026

## CATHOLIC DIOCESE OF RICHMOND

### ADULT Registration Form

Please indicate Confirmation Retreat location:

	Saturday, November 1, 2025 at Saint Thomas More, Lynchburg
	Sunday, November 2, 2025 at The Blessed Sacrament Huguenot School, Powhatan
	Saturday, January 31, 2026 at Saint Mark, Virginia Beach

#### PERSONAL 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): \_\_\_\_\_

#### 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. If you don't know the following information, please talk to your youth minister and check with your parish's Safe Environment Coordinator. Please indicate your dates for the following:

Date of VIRTUS Training: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

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.). 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

*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.*

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.*

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

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

# DIOCESAN CONFIRMATION RETREATS 2025-2026

## 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 midribs. 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.

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***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: \_\_\_\_\_