



Diocese of Palm Beach Field Trip Consent and Release

Name of Participant: _____

Name of Parent/Guardian: _____

Address and Telephone Number of Parent/Guardian:

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Information (include telephone number and address):

Name: _____ Phone: (____) - _____

Address: _____

City: _____ State: _____ Zip: _____

Description of Field Trip/Activity:

Confirmation Retreat at St. Rita Church
January 12, 2018 - January 13, 2018

I hereby freely and voluntarily consent to participation in the field trip/activity described above. I agree to assume all financial responsibility for participation in the field trip/activity and hold _____ (entity name), Diocese of Palm Beach, Inc. and all of their corporate members, affiliated entities, employees, officers, directors, and agents ("Sponsor") harmless for all costs incident to my participation in this field trip/activity.

I, the undersigned, a participant in the field trip described above, do waive and release Sponsor from liability for any injury, accident, or damages caused by any vehicle, weather, sickness, or otherwise stemming from any act or omission of any individual. I also release Sponsor and agree to indemnify it with regard to any financial obligations incurred by my acts or omissions.

I understand that all travel involves some risk, and I hereby agree to assume and consent to such risk. I hereby waive and release Sponsor for any injuries, damages, or losses incurred in connection with actions, omission or conditions or developments, or any other actions, omissions or conditions within or outside Sponsor=s control. By my participation in this program I voluntarily assume all risks involved in such travel, whether expected or unexpected. I hereby acknowledge that I have been warned of such risks, and that I have been advised to take appropriate action and to govern myself accordingly. I am also aware that certain insurance companies do offer insurance against some of the many perils noted and that I may opt to insure myself should I so choose.

I hereby grant Sponsor full authority to take whatever actions they may consider in their sole discretion to be warranted under the circumstances concerning my health and safety and I specifically and fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize Sponsor at its discretion, to place me at my own (or my parents= or my guardians=) expense and without further

consent, in a hospital that is readily available, to place me in the hands of a local physician for treatment, should the need arise at my expense.

I agree to comply fully with the rules of Sponsor and any travel company and I agree that Sponsor has the right to enforce its standards of conduct as determined and interpreted in its sole discretion, and that, should I fail to comply with them, Sponsor has the right to terminate my participation in the program. In the event of termination, I agree to be sent home at my parent(s)/guardian(s) expense. I understand that this is an organized program and that group standards must be observed. I hereby waive and release Sponsor from any claim arising out of my failure to remain under such supervision. In addition, I acknowledge the right of Sponsor to terminate my participation at any time of failure to maintain standards or for any actions or conduct for which Sponsor deems incompatible with the interest, harmony, comfort, and welfare of other students. I specifically agree not to bring any weapons or illegal drugs with me on the field trip/activity.

I acknowledge that Sponsor is not responsible either for any injury or loss whatsoever suffered by me during periods on independent travel or during any absence from the program of Sponsor.

All references in this release to Sponsor shall also include all of its chaperones, group leaders, faculty members, administrators, advisors, and agents. All reference to the parent of the participant includes the legal guardian or other adult responsible for the participant.

I have read the terms and conditions set forth by Sponsor and I agree that this constitutes a part of any agreement with Sponsor. I understand and agree to all of Sponsor's terms as set forth in the descriptive information and in this Release. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of participant: _____

Name: _____
Please Print

Date: _____

I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Field Trip Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant's leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent/Guardian: _____

Name: _____
Please Print

Date: _____

Photograph and/or Videotape Consent & Release

I hereby grant to Sponsor the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my name, face, likeness, voice and appearance.

Signature of participant: _____

Name: _____
Please Print

Date: _____

I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Photograph and/or Videotape Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant=s leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent/Guardian: _____

Name: _____
Please Print

Date: _____



Diocesan Authorization for Medication Form

Date: _____

Student Name: _____
(Please print)

It is necessary that medication be given as follows:

Name of medication: _____
(Brand Name; also, Medication Name as it appears on container (if generic equivalent))

Prescription No.: _____

Color, if applicable: _____

Please circle form of medication:

Tablet Pill Capsule Inhalation Liquid Other/Specify _____

Dosage: _____
(Amount to be given)

How often/What time: _____

** No injection will be given, except in an extreme emergency, such as allergy to bee sting or the like.

The parent knows of this request and is in full agreement that this medication will be supplied as needed. Should the student manifest any of the following symptoms caused by the medication, please contact the parent or my office.

REMARKS: _____

KNOWN ALLERGIES: _____

Print Parent's Name

Parent's Signature

PLEASE PRINT PHYSICIAN'S NAME: _____

Physician's Signature

(_____) - _____
Physician's Telephone Number

Candidate's Information

Please print legibly

Baptismal Name of Candidate _____

Confirmation Name _____ *Date of Birth* _____

Church of Baptism _____ *Date of Baptism* _____

Church of Baptisms Address _____

City, State, Zip _____

Candidate's Home Address _____

City, State, Zip _____

Home Phone _____ *Cell Phone* _____

Father's Name _____

(First)

(Middle)

(Family Name)

Mother's Name _____

(First)

(Middle)

(Maiden Name)

Sponsor's Name _____

Has candidate received the sacrament of Reconciliation / / Yes / / No

First Eucharist / / Yes / / No

A copy of your Baptismal Certificate must be submitted with this form.

Choosing A Saint

"A good name is to be chosen rather than great riches."

Proverbs 22:1

When you receive Confirmation, the Bishop will say, "N, Be sealed with the Gift of the Holy Spirit." That 'N' stands for a name which you choose symbolizing your adulthood in the Church. You may choose any saint name or use your baptismal name since it expresses the relationship that exists between Baptism and Confirmation.

Candidate Name: _____

Saint Name: _____

- 1. Why did you choose this saint?*
- 2. What did he or she do to make him or her a saint?*
- 3. What do you admire about your saint?*
- 4. What is the symbol for your saint?*

LETTER REQUESTING CONFIRMATION

To all Candidates:

When you receive the Sacrament of Confirmation you will be fully initiated into the Catholic Church and St. Rita Parish.

Our pastor, Fr. Munro wants to know you better and to be able to affirm to the Bishop that you truly wish to be confirmed and that you have prepared well for the reception of the sacrament.

You are to write a letter to Fr. Munro telling him why you wish to be confirmed and how you intend to live as a confirmed Catholic. Be sure you have included the information listed in the outline below. Check your spelling, punctuation and make sure you have written in complete sentences. You may e-mail your letter to streatatammy@bellsouth.net. (Indicate, Letter of Petition in the subject box)

.....

Outline of Letter

Date:

Dear Fr. Munro,

Paragraph 1: Write three or four sentences telling Fr. Munro about yourself and your family. For example, what school you go to, hobbies, interest, what Mass your family attends, etc.

Paragraph 2: Write three or four sentences telling Fr. Munro why you wish to be confirmed and how you have prepared for your Confirmation.

Paragraph 3: Tell what saint's name you have chosen for Confirmation and why you have selected this saint to be your model in faith.

Paragraph 4: Tell Fr. Munro what you intend to do to continue growing in your faith after you have been confirmed.

Closing: Signature

Recognizing Personal Talents and Gifts

The Church does not exist for itself but to carry out the mission of Christ in the world. *Service* is not just the hours we give to the parish or community. It is not a project we do as a requirement before Confirmation. *Service* is part of living our Christian Life. God gave you talents and gifts. Now is the time to recognize them and use them to serve. Do something you love to do or something you know you are good at to help others.

It is all up to you!!!

Recognizing Personal Talents and Gift service is to be done on your own. You have from now until January 7, 2018 to finish the service and complete the assigned questionnaire. There is no time limit on this service. It could be something you have achieved in a day or something that may have taken weeks.

Attached are some ideas to get you started and a reflection form for you to complete at the end of your service. Please put some thought into this project.

Remember when you volunteer you may not accept pay!!!

Who knows? It could be your vocation.



Leadership Skills:

- Help to maintain a quiet atmosphere in the classroom
- Invite newcomers to join your group
- Peer Ministry

Academic Ability:

- Tutor a fellow student
- Help brothers and sisters with homework to relieve parents of task

Drawing, Painting:

- Help at the Faith Formation Events by putting on an Art Show
- Share artwork with a senior citizen or a shut-in

Creativity:

- Find ways to keep younger brothers and sisters busy
- Volunteer service with the Faith Formation G.I.F.T. program

Singing:

- Join the Church choir
- Teach young children new songs

Time:

- Visit a nursing home
- Help in a Soup Kitchen
- Help an elderly person at home
- Do not waste time on television

Friendliness:

- Be nice to someone who is smaller than you
- Make new friends
- Organize a Senior Citizen Awareness Day
- Try to be more patient with family members

Kindness:

- Do something to make your parents feel special
- Be nice to a person you don't care for
- Show your teacher you appreciate him/her

Communication Skills:

- Be careful not to use profanity around your friends
- Speak up for your Church
- Console someone having a bad day
- Help teach your religion class

Organizational Skills:

- Organize a family outing
- Help on committees to organize social activities at Church

Dancing Ability:

- Sponsor dances to raise money for the needy
- Participate in Liturgical dancing

Acting, Drama:

- Put on puppet shows for the Faith Formation Program
- Write a play on the life of a saint; offer to help younger students put on a play

Concern For Needy People:

- Adopt a needy family
- Volunteer to help with Elder Affairs

Willingness To Help:

- Help an elderly person around the house
- Try to anticipate a need rather than being asked
- Help your parents by keeping peace in your household

Musical Ability:

- Arrange a sing-a-long at a nursing home
- Sing out at Mass
- Help with the Children's Chorus

Babysitting:

- Sit with an invalid, so family members can rest
- Volunteer to babysit during parent meetings at the Church
- Adopt a young child who may need a friend

Love to Share:

- Give someone a hug just because you care
- Pray for others

Caring:

- Sit and listen to someone needing to talk
- Write letters to family members
- Make a meal for your Mom and give her a rest

Understanding:

- Share Bible stories with younger children
- Talk with underclassmen about what it means to be confirmed

Athletic Abilities:

- Coach younger children
- Help with the Special Olympic
- Help with Summer bible School

Youth Group:

- Support the youth group at your church by sharing your talents
- Don't be afraid to stand up for your beliefs around your peers

Prayer Life:

- Share the scriptures with your family
- Pray for your parish

Love to Read:

- Lector
- Help others learn to read
- Read only wholesome materials
- Read to the elderly, preschoolers, and shut-ins

Interest in World Affairs:

- Find a pen pal from another country
- Pray for the President and other public officials
- Write your Congressman on issues concerning pro-life
- Don't be afraid to stand up for your love of God when debating World Affairs in class
- Pray for Peace

Sewing Ability:

- Make baby clothes for the Alpha Care Center or Birth Line
- Make costumes for plays
- "Sew a Surprise" for a family member

Cooking Ability:

- Bake for a neighbor
- Cook supper for your family
- Make lunch for your teacher

Candidate Name _____

Table Name _____

Home Phone/Cell Number _____

Home Address _____

City _____ **Zip Code** _____

Date of Service _____

Place Where Service was accomplished _____

Who was served? _____

What gifts or talents did you recognize and use to serve?

What led you to choose this service?

How do you feel about your talents and gifts that you discovered while serving?
