

# St. Bruno Youth and Family Ministry Retreat Permission Form 2022-2023

**Year 2 Confirmation Retreat – December 1, 2, 3, 2023**

Whispering Winds Catholic Camp & Conference Center  
17606 Harrison Park Road  
Julian, CA 92036  
760-765-1600

*Drop-Off for Retreat is @ St. Bruno on Friday at 4:00pm. Retreat concludes with 5:30pm Mass on Sunday. We will return shortly before Mass but credit is only given for the retreat if the teenager attends Mass. Parents: absolutely attend this Mass and take your teens home after.*

**Teen's Name:** \_\_\_\_\_  
First Middle Last

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

**Date of Birth:** \_\_\_\_\_ **Grade in Fall 2023:** \_\_\_\_\_  **Male**  **Female**

**Adult Shirt Size (circle one):** S M L XL XXL

I request that my child be permitted to participate in the above activity. I am not aware of any physical or medical condition my child has that would prevent my child from participating fully in this activity. *My son/daughter has the following medical needs, allergies or dietary restrictions:*

\_\_\_\_\_  
\_\_\_\_\_

If my child needs to take medication while participating in this activity, I hereby give my child permission to self-administer his/her medication in accordance with the *Medication Authorization and Permission Form*, and, if my child cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my child's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for my child should it become necessary to do so. I understand that health insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to reimburse the Location for the cost of any medical treatment and related expense incurred.

**Release of Liability:** As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my child may suffer as a result of participation in the activity described above.

\_\_\_\_\_  
**Parent/Guardian Signature** **Date**

\_\_\_\_\_  
Home Phone **Cell Phone** Work Phone

**Person to Notify in case of Emergency if Parent or Guardian is unavailable (NOT a Parent):**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_