

Ascension Catholic Parish

Confirmation Retreat Permission Form

I, _____ parent/guardian request that my child _____ be allowed to participate in the Confirmation Retreat on the following date: October 22, 2022. This event is sponsored by Ascension Catholic Parish. The purpose of this event is religious formation.

In consideration of permitting my child to attend and/or participate, I do hereby, for myself and my child waive and release any and all claims that I might have against Ascension Catholic Parish and NET Ministries for any and all injuries or losses suffered by said child while engaged in the above activity. In case of any medical emergency, I understand that every effort will be made to contact the parents or guardians of the child participating in this retreat. In the event that I cannot be reached, I give permission to Ascension Catholic Parish and its designated representative to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named herein.

Signature of Parent/Guardian _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Emergency Phone _____

_____ Yes, I give permission for my child to be photographed and/or video-recorded and that these images may be used for parish publications, web site, newsletters, and other media.

_____ No, I do not give permission for my child to be photographed and/or video-recorded and that these images may be used for parish publications, web site, newsletters, and other media.

Please return to:

Ascension Parish Office

Alec McGuire

Director of Communications and Youth