Confirmation Retreat 9th Graders

When: Sunday, Nov 23rd, 2025

Where: Annunciation Parish

7580 Clinton St, Elma, NY 14059

Time: 1 PM - 6 PM

* We will be attending the 5:00pm Parish Mass - You are welcome to join us.

Drop off at Annunciation School / Pick up at Annunciation Church

PARENT / LEGAL GUARDIAN PERMISSION SLIP
St. Vincent de Paul R.C. CHURCH

Dear Parent or Legal Guardian:

Your son/daughter, guardianship, is eligible to participate in a parish-sponsored activity that requires transportation to a location away from the parish site. This activity will take place under the guidance and supervision of employees and/or volunteers from St. Vincent de Paul_R.C. Church. A brief description on the activity follows:

9th grade students - SVDP Confirmation Program -will attend a one-day-retreat at Annunciation Parish

Name of Event: 9th grade - CONFIRMATION RETREAT

Purpose: Gather together to build community and learn more about the Catholic faith together

Event Site: 7580 Clinton St, Elma, NY 14059

Designated Supervisor of Activity: Mrs. Julie Cappello and Mr. Dominic Buttino

Date/ Time of Drop Off: Parents, please have your child to Annunciation School @ 1 PM on Nov 23, 2025

Date/ time Pick Up: Parents, please pick up your child at Annunciation Church @ 6 PM on Nov 23, 2025

*We will be attending the 5:00 Parish Mass; You are welcome to join us.

Please complete, sign and return the following statement of consent and release of liability. As a parent, legal guardian, you remain fully responsible for any legal responsibility which may result from actions taken by the named youth.

RELEASE OF LIABILITY

I/We recognize and acknowledge that there are risks in my child's presence and participation in the **CONFIRMATION RETREAT – Sponsored by St. Vincent de Paul R.C. Church** taking place at Annunciation Parish on Nov 23 2025 I agree to indemnify, hold harmless, waive and relinquish all claims I may have against **St. Vincent de Paul R.C. Church** and the **Diocese of Buffalo** including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of, in connection with any claims arising out of or caused by any activity my child participates in during the event.

MEDICAL RELEASE

My/our (Parent name)_____ permission is hereby given to the representatives of **St. Vincent de Paul R.C. Church** to authorize by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency in which the parent or guardian cannot be reached. It is understood that every attempt to reach the parent or guardian will be made. If the physician below cannot respond, I authorize any licensed physician or medical center to treat the participant designated below.

Youth Participant : _____

Parent Signature _____ Date _____

Home Address : _____

Phone :Home _____Work _____ Cell _____

Emergency Contact Name _____ Phone Number _____

Health Insurance Company Name and Plan Number

Any Allergies, reactions or other pertinent medical information:

_____

Please return this form by **Nov 16, 2025** to the Faith Formation Office
(It can be left in the black box outside the door)
Email questions to: stvincentccd@gmail.com