

March 1, 2008

Dear Year II Candidates and Parents:

Enclosed is a retreat permission slip that must be completed and returned to the Youth Ministry Office no later than March 28th. We are also requesting that each Candidate pay a \$60.00 fee to help with the cost of transportation and supplies. Please return the \$60.00 with the permission slip. (Checks should be made out to St. Cletus Youth Ministry.) If you have any questions, please contact me in the Youth Office.

Thank you,
Amy Cranny

St. Cletus Confirmation Retreat Information

April 12 & 13, 2008

La Salle Manor Retreat Center

Christian Brothers

12480 Galena Road

Plano, IL 60545

Phone: (630)552-3224

www.lasallemanor.org

- The retreat will begin at St. Cletus. All Candidates should arrive at Morrissey Hall by **7:45 AM** on **Saturday, April 12th**.
- The bus will return to St. Cletus at **2:00 PM** on **Sunday, April 13th**.
- All bedding and towels are provided.
- Bring your own personal items - toothbrush, soap, etc.
- Meals will be served (Saturday. - lunch, dinner & evening snack. Sunday - breakfast and lunch). Anyone needing a special diet should contact me.

Items NOT To Bring

- Walkman/Personal CD Player, iPod
- Cell phone, BlackBerry

“Zero Tolerance” of drugs, alcohol or any controlled substance.

ST. CLETUS CONFIRMATION RETREAT

**ST. CLETUS CONFIRMATION RETREAT
YOUTH PERMISSION AND PARENTAL / GUARDIAN AUTHORIZATION**

I hereby give permission for my child _____ to participate in the St. Cletus Confirmation Retreat at LaSalle Manor in Plano, Illinois, on April 12 & 13, 2008. I understand we will be traveling to and from LaSalle Manor by bus. I hereby release and indemnify St. Cletus Parish, it's staff and volunteers, and the Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

I understand that if my child violates any laws regarding possession of alcohol or drugs, or rules governing the event, I will be called to pick my child up from the premises. I also understand that I am financially responsible for any damage caused to the facility by my child.

In the event that the undersigned cannot be reached, and in the judgment of the responsible adult or other appropriate staff member accompanying the group to the retreat in Plano, Illinois, on April 12 & 13, 2008, there is a necessity for immediate examination and / or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

Signature(s) _____ Date _____
Parents (s) /
Guardians(s) _____ Date _____

Phone _____
Address _____ City _____ State _____ Zip _____
Name of Physician _____ Phone _____

Emergency Contact (In event above parent(s) / guardian(s) cannot be reached.
Name _____ Relationship _____
Phone _____

Insurance Information
Policy in the name of: _____
Insurance company: _____ Policy Number _____
Identification and / or Social Security Number _____

Health Information
Allergies: _____
Current Medication: _____
Other comments: _____

Return To: Youth Ministry Office
700 W. 55th Street
La Grange, IL 60525

Return By: March 28, 2008
* Please include \$ 60.00 Fee made
payable to St. Cletus Youth
Ministry.