Good Shepherd Parish

Dear Parent or Legal Guardian: Adult/Student Ratio: 1:10

It is time for our annual pre-confirmation retreat. A retreat is a privilege, not a right. Your son/daughter, guardianship, is eligible to participate overnight in a church-sponsored activity at the Good Shepherd Parish campus. This activity will take place under the guidance and supervision of employees and volunteers from Good Shepherd Parish.

Curriculum Goal: Help candidates deepen their spiritual life and provide an opportunity for building community among the candidates. Help them focus on their role as a disciple of Christ and discerning their path.

Destination: Good Shepherd Parish Campus

Designated Supervisor of Activity: Ms. Melissa Mina, Director of Youth Ministry

Start Date & Time: Saturday, October 25, 2025, at 8:00 am
End Date & Time: Sunday, October 26, 2024, at 1:00 pm

Method of Transportation: Parent drop off and pick up from Good Shepherd Parish

Student Cost: $175.00 (Includes t-shirt, retreat activities and 4 meals)

Uniform Requirement: Relaxed modest dress (see packing list)

Please complete, sign, and return the following request for participation form. As parent or legal guardian, you remain legally responsible for all actions and behavior of the named student.

We hereby release and hold harmless Good Shepherd Parish and all of its employees from any and all liability for any and all harm arising to my child as a result of this retreat.

I request that my child, _____, a student in Good Pre-Confirmation program, be allowed to participate in the event described above. I understand that this event will take place on the parish campus and that my child will be under the supervision of the designated church employee(s) on the stated dates. I further consent to the conditions stated above for this event.

Parent Name (Print) _____

_____ _____

Parent Signature **Date**

PLEASE RETURN THIS FORM BY: Friday, 10/17/25 **Please complete the back of this form**.

GSS03 Rev. 10/10

Payment: $175 per student is due Friday, October 17, 2024. Please attach a check payable to Good Shepherd Parish or stop by parish office to remit payment via credit card or cash, or make a payment arrangement. A limited amount of financial aid is available as well. Please inquire if your family needs aid. We will not turn away any child from attending retreat for their family's inability to pay.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above number, contact:

NAME & RELATIONSHIP_____

PHONE: ( )_____

FAMILY DOCTOR _____ PHONE: ( ) _____

I also authorize the designated supervisor to administer first aid with the understanding that Good Shepherd Parish has documentation that the designated supervisor has basic first aid training.

_____
Date

_____
Signature

_____
Address

_____
Emergency Phone Number