

**Seven Sorrows of the
Blessed Virgin Mary Church**

280 N. Race Street, Middletown, PA 17057-2298
717-944-3133 | ssbvm.org

Confirmation Retreat

Permission Slip & Payment Due 12/15/25

Location: Seven Sorrows

Saturday, January 10, 2026

Details to follow

Student Name: _____
(Please Print) First Last

Address: _____

Parent/Guardian
Name: _____
(Please Print) First Last Cell

Parent/Guardian
Name: _____
(Please Print) First Last Cell

I, _____ grant permission for _____
to participate in the 8th grade Confirmation Retreat. I understand that the program will have competent adult supervision and reasonable and appropriate measures will be made to minimize the risk of injury and/or accident. I understand and have been informed that taking part in this youth event involves the risk of injury.

I hereby grant my consent for staff members and/or adult volunteers under whose auspices the program is conducted, to secure all necessary emergency medical care and/or treatment that may be necessary for my child during the entire event including any necessary transportation, if provided by a staff member or adult volunteer. I release and hold harmless any staff member or adult volunteer for any liability, who in good faith is placed in a position requiring decisions to be made for emergency care or medical treatment of the above-named young person. In case of accident, injury, or loss, neither my family nor I will hold the diocese, the parish nor any person or affiliate organization associated with the event, responsible or liable.

In the event of an emergency, if you are unable to reach us at the above number, contact:

Name and relationship _____ Phone: _____

RETREAT FEE

\$50.00

Payable to Seven Sorrows BVM

**Return Form with Payment to: Lisa
Fortunato, via Parish/school office, or
through your teacher/catechist.**

