Seven Sorrows of the Blessed Virgin Mary Church
280 N. Race Street, Middletown, PA 17057-2298
717-944-3133 I ssbvm.org

Confirmation Retreat
Permission Slip & Payment Due 12/15/26
Location: Seven Sorrows
Saturday, January 9, 2027
11:00am – 5:30pm

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.