REGISTRATION FOR
CONFIRMATION RETREAT
AT HOLY SPIRIT PARISH: *PARISHIONER*

SUNDAY, OCTOBER 11, 2026
PARENT/CANDIDATE RETREAT
(Confirmation candidate must be accompanied by one parent or an adult sponsor.)

9:00 am	Please arrive and proceed to the Social Hall (retreatants only)
9:30 am	Mass - family members are invited
4:00 pm	Retreat ends

Please return this registration form by 10/05/25

NOTE: If the candidate is attending with a parent, only return this top page. *If the candidate is attending with someone other than a parent, PLEASE also complete the attached medical/parental consent form*.

Please return by 9/27/26 to the parish office or mail to:
Holy Spirit Parish Confirmation Program, 2952 Edison St. NW, Uniontown, OH 44685.

Candidate's Name ____________________________________ Date of Birth______________________________

Address ____ Phone # ________________________________

Companion's Name______________________________ Phone # ______________________________________

Address ____

In registering for the Holy Spirit Parish 2026 Confirmation Retreat, I understand that it is an important step in my child's preparation to receive the Sacrament of Confirmation. I understand that I must be attentive and willing to cooperate with the Retreat Team at all times. I understand that for my safety and the safety of all involved I must be willing to follow all the guidance and directions of the Retreat Team.

I understand that information on the retreat (including participants' names) may be included in parish, local, or diocesan publications, such as the bulletin, which is available through our website. I also understand that any photographs or video taken during the retreat may be used in parish, local, or diocesan publications including our website and social media sites, or at related events.

____ __________________
Parent's Signature Date

______________________________ ________ ____________________________ ____________
Candidate's Signature Date Companion's Signature Date

PARENTAL CONSENT/MEDICAL FORM FOR CONFIRMATION RETREAT AT HOLY SPIRIT PARISH
OCTOBER 11, 2026

To be completed by parent of candidate *ONLY IF* candidate is attending with a sponsor.

PARENTAL CONSENT: I, the parent/guardian of above named child, who is less than eighteen years of age, hereby request that my son/daughter be allowed to participate in the Holy Spirit Parish 2026 Confirmation Retreat at Holy Spirit Parish, on Sunday, October 11, 2026. I understand that I am responsible for arranging my son's/daughter's transportation to the Holy Spirit Parish. I understand that if my son/daughter fails to respect the rules, directions, facilities, the Retreat Team, I could be called to pick him/her up and take him/her home. I understand that by signing this Parental Consent Form I am authorizing the Holy Spirit Diocesan Pastoral Associate or other adult member of the Retreat Team, to obtain the services of licensed Emergency Medical Technicians and/or licensed Physicians in the event of a medical emergency involving my son/daughter, and that I will be notified as soon as possible in the event of any such emergency. By allowing my child to participate in the said program, I hereby assume all risk of accident or harm arising or growing out of, directly or indirectly, any incident of any kind occurring during the course of such program to my child and do hereby release and discharge the Bishop of the Diocese of Youngstown, and Holy Spirit Parish, and the agents, associates, and employees of the Bishop and parish who have organized or participated in the supervision of such program from all claims, demands, suits, causes or actions, rights, costs, expenses, and any compensations whatsoever which may occur to my family and its members during or resulting from participating in the program mentioned.

____ __________________________________
Parent's Signature Date

I understand that information on the retreat (including participants' names) may be included in parish, local, or diocesan publications, such as the bulletin, which is available through our website. I also understand that any photographs or video taken during the retreat may be used in parish, local, or diocesan publications including our website and social media sites, or at related events.

____ __________________________________
Parent's Signature Date

Emergency/Parental(Guardian) Contact Information

Mother’s Name ____________________________________Phone ______________________________

Father’s Name_____________________________________ Phone ______________________________

MEDICAL MATTERS

COMPLETE ONLY IF *NOT ACCOMPANIED BY PARENT/GUARDIAN*

Medical Information *(Please check and sign only those in accordance with your wishes.)*

☐ In the event of an emergency, I hereby grant permission to transport my son/daughter and obtain emergency medical or surgical treatment from a licensed physician, hospital, or medical clinic. I hereby authorize medical personnel to release necessary information about his/her care to retreat leader Anne Weeks of Holy Spirit Parish and/or other parish team leaders. I wish to be advised prior to further treatment by the hospital or doctor. In the event I cannot be reached, please contact

Name: ____ Phone: ________________________________

Relationship to youth ____________________________________

Family physician ____ Phone: ________________________________

(*Please check one of the following)*

☐ My son/daughter is covered by hospitalization and medical insurance under policy # ____________________

☐ issued by ____.

My son/daughter does not have medical coverage and I assume responsibility for the cost of hospitalization and medical care for my son/daughter.

Signature: ____ Date: _________________________

--OR--

☐ I hereby warrant that to the best of my knowledge, my son/daughter is in good health. **I do not want any medical treatment to be given to my son/daughter under any circumstances.** I hereby assume all responsibility for the health and well- being of my son/daughter and release from responsibility the Bishop of the Diocese of Youngstown, and Holy Spirit Parish, and the agents, associates, and employees of the Bishop and parish who have organized or participated in the supervision of such program.

Signature: ____ Date: _________________________

☐ My son/daughter is taking medications at present. He/she will bring all such medications necessary and such medications will be well labeled. The names of, and concise directions for taking such medications, including dosage and frequency of dosages are as follows:____

____

Signature: ____ Date: __________________________

☐ No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life threatening and emergency treatment is required.

Signature: ____ Date: __________________________

☐ I hereby grant permission for nonprescription self-administered medication (such as acetaminophen, decongestant or cough syrup) to be given to my son/daughter, if requested by my son/daughter and deemed advisable by an adult chaperone.

Signature: ____ Date: __________________________

☐ I wish to inform you of the following additional medical information and the recommended course of action (allergies, dietary restrictions, special conditions, etc.) ____

____

Signature: ____ Date: __________________________

☐ I would like to have the Holy Spirit Parish group leader speak with me further regarding a medical concern or situation.

Please contact me at ____