

FR. BERNARD YOUTH AND RETREAT CENTER  
2018-2019 CONFIRMATION RETREAT

**Brick by Brick**  
**Building a Firm Foundation**

Where: Fr. Bernard Youth Center  
980 S. Main St, Mt. Angel, Oregon

Time: 7 PM Friday - 12:00 pm (noon) on Sunday

Who: Youth preparing for Confirmation and chaperones  
*Each parish is responsible for sending chaperones at a ratio of 6 youth : 1 adult*

Cost: \$160 per youth (includes retreat, lodging, meals and materials)  
\$110 per chaperone (includes lodging, meals and materials)

Retreat Dates: Nov. 30– Dec. 2, 2018 (FULL), March 29-31, 2019 and April 12-14, 2019.

Registration ends 1 month prior to retreat. Space is limited so register today!  
Registrations **MUST** be done via parish youth ministry offices. We cannot accept individuals not connected with a parish.

Send completed forms and payment to [retreats@fbyc.info](mailto:retreats@fbyc.info), or to:  
Fr. Bernard Youth Center, PO Box 790, Mt. Angel, OR 97362

*Call us at 503-845-4097 or visit [www.fbyc.info/confirmation-retreats](http://www.fbyc.info/confirmation-retreats) to register.*

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Fr. Bernard Youth Center  
Parent/Legal Guardian Event Permission Slip for Student/Youth

**TO BE COMPLETED BY SPONSORING PARISH/SCHOOL**

Below please find a brief description of the schedule of activities:

Event FBYC Hosted Confirmation Retreat Location: 980 S. Main St. Mt. Angel, OR

Parish, School, or Agency: \_\_\_\_\_

Dates of Event: \_\_\_\_\_ Arrival Date: \_\_\_\_\_

Arrival Time: 7:00 pm Return Date: \_\_\_\_\_

Estimated Time of Return: 12:00 pm Mode of Transportation: Self Provided

**TO BE COMPLETED BY PARENT / LEGAL GUARDIAN**

I, \_\_\_\_\_ the undersigned, give my permission for \_\_\_\_\_

(Parent/Legal Guardian)

(son/daughter)

to take part in an off-premises event which will require supervision by Fr. Bernard Youth Center employees and volunteers.

- I agree to allow my child to participate in this event.
- I agree and understand that transportation is self provided, but when necessary may be provided in such form and at the discretion of the Fr. Bernard Youth Center
- I also authorize the Fr. Bernard Youth Center and its employees or chaperones to secure any and all necessary medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible for the payment of those services.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex  Male  Female

Allergies (foods, drugs, insects, etc.) \_\_\_\_\_

Medications (name, dosage, reason) \_\_\_\_\_

Other information (injuries, etc.) \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Group or ID# \_\_\_\_\_

In case of emergency, please notify:

Parent/Guardian (s) \_\_\_\_\_

Day Phone Number(s) \_\_\_\_\_ Evening Phone Number(s) \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date

**THIS FORM TO BE KEPT ON FILE FOR THREE YEARS**



# FR. BERNARD YOUTH CENTER

## Media Release Form for Minors (if under 18)

I hereby grant the Fr. Bernard Youth Center permission to use photographs and/or videos of the minor (person under the age 18) listed below.

I understand that the images may be used in print publications, online publications, videos, presentations, websites, and/or social media.

I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Minor's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent email: \_\_\_\_\_

Date: \_\_\_\_\_

Parent printed name: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_

Please return signed permission form to:  
Fr. Bernard Youth Center · 980 S. Main St. · P.O. Box 790  
Mt. Angel, OR 97362  
503-845-4097