

## 8th Grade Confirmation Retreat

To: 8th grade confirmation students and parents  
From: Kathy Brown, Confirmation Director  
Re: **8th grade confirmation retreat held at Calvary, January 28-29**

It is almost time for the 8th grade confirmation retreat. This retreat is a confirmation **REQUIREMENT**. The Theme of the retreat is **“Dating, Kissing, Sex and Stuff”**. On this retreat, students will discuss relationships with the opposite sex. They will be challenged to view these relationships through God’s eyes and to consider setting standards for their own dating life. The retreat is lead by the youth staff and the confirmation small group leaders. **We are looking for parent chaperones. Any parent interested in chaperoning should contact Kathy Brown at 763-231-2971 or kbrown@calvary.org.** The retreat will be held at Calvary The cost of the retreat is **\$15.00**. **Return your registration and non-refundable check for \$15.00 by Wednesday, January 18. The Registration Fee is \$20.00 after January 18.**

**Be at Calvary: 9:00 a.m. on Saturday, January 28**  
**Retreat Ends: 12:15 p.m. on Sunday, January 29**

**Students should bring the following items on the retreat:**

sleeping bag, sleeping pad or air mattress  
pillow  
toiletries  
Bible, pen or pencil

Sack Lunch for Saturday  
optional money for the canteen  
**NO CELL PHONES**

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### Parental Permission Release

Calvary Lutheran Church, 7520 Golden Valley Road, Minneapolis, MN 55427

Date: _____
Amt: _____
Check # _____

**I understand my child has been invited to attend the following event sponsored by Calvary Lutheran Church:**  
**8<sup>th</sup> Grade Confirmation Retreat at Calvary January 28-29, 2012**

I agree with the conditions detailed on the back of this form and hereby grant permission for my child to attend the above event.

Parent Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Youth's Name: \_\_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_ Grade: \_\_\_\_  
Street City Zip

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

Parent/Guardian 1 \_\_\_\_\_ Phone (H) \_\_\_\_\_

Phone (W) \_\_\_\_\_ Phone (C) \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Phone (H) \_\_\_\_\_

Phone (W) \_\_\_\_\_ Phone (C) \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

## Conditions

I (We) acknowledge that participation in any and all Calvary programs or events is voluntary and may involve activities that require traveling or physical exertion. We agree to the following conditions for participation in the ministries of Calvary Lutheran Church of Golden Valley, MN.

- ◆ Calvary is not responsible for the loss or theft of personal belongings.
- ◆ Misconduct may result in the transportation home of my child from an activity at the parent/guardian's expense. A participant sent home for disciplinary reasons will NOT receive a refund of the activity fee.
- ◆ Participation in Calvary Youth Ministry events or programs is a privilege, this privilege may be denied by a Calvary staff when, in their opinion, participation of the youth is disruptive and not keeping with the mission of Calvary.
- ◆ I understand that my child may be photographed and/or filmed and his/her image may be used in video presentations, printed publications, or on Calvary's website. Your child's name will not be published.
- ◆ I hereby take the following action for my child, myself, my executors, administrators, heirs, next of kin, successors and assigns: A) I waive, release and discharge from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in the events and programs of Calvary Lutheran Church of Golden Valley, the following person, or entities: Calvary Lutheran Church of Golden Valley, MN, its Senior Pastor and Associate Pastors, staff, employees, members, volunteers, representatives, subcontractors and agents of any of the above; B) I agree not to sue any of the persons or entities mentioned above for any claims or liabilities that I have waived, released or discharged herein; and C) I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's participation in Calvary related activities. I hereby assume the risk of my child participating in all Calvary Lutheran Church ministry activities or programs.
- ◆ I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the release.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of the anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to Calvary Lutheran Church representative to provide needed emergency treatment to the student prior to his/her admission to a medical facility.