

“Why am I here?”

“Because you have been Chosen.”

Confirmation Rite of Enrollment & Retreat

February 8th—10:30—Rite of Enrollment Mass 10:30am for ABVM-OLFM-St. Cecilius-St. Benedict-Mary Gate of Heaven Confirmation Candidates and Families

Confirmation Required Retreat For

ABVM-OLFM-St. Cecilius-St. Benedict-Mary Gate of Heaven
Sunday February 8th—Beginning with 10:30am Mass
All Confirmation candidates must **be seated** in St. Josephs Hall
NO later than 10:10 am—Cost \$10—Permission Slip attached

Confirmation Retreat—10:10 am—3:15pm

- ⇒ 10:30 Mass with The Rite of Enrollment
- ⇒ Reconciliation - with a true conversion of heart
- ⇒ Lunch
- ⇒ Break Out Session 1—Vision of the Holy Spirit
- ⇒ Break Out Session 2—What is TOB
- ⇒ Break Out Session 3—Being Catholic—keeping & defending your faith
- ⇒ Group Session 4—The Sacrament of Confirmation within the Mass
- ⇒ Prayer and Dismissal with Parent Pick-up

Confirmation Rehearsal

Thursday, March 5th 6:30pm., all students must be seated in St. Joseph's Hall no later than 6:15pm. Sponsors are to be seated in the main church no later than 6:50pm. If a sponsor is unable to attend, the parent must sit in proxy for the sponsor. (for rehearsal only)

**The Sacrament of Confirmation
within the Holy Sacrifice of the Mass
Saturday March 7th—11:00 am**

**ALL Candidates must be seated in St. Joseph's Hall
NO later than 10:00 am
Sponsors are to be seated by 10:35 am**



WHY AM I HERE? CONFIRMATION RETREAT – FEBRUARY 8, 2026 – COST \$10 – includes lunch

CONSENT FORM/MEDICAL FORM/REGISTRATION FORM

**TO BE COMPLETED FOR ALL PARTICIPANTS/CHAPERONES and SIGNED BY A PARENT OR GUARDIAN
IF PARTICIPANT IS STILL IN HIGH SCHOOL.**

Participant Name: _____ Birth date: ____ / ____ / ____ Age: ____
Last _____ First _____ Middle Initial _____

Address: _____

Parent/Guardian Cell Phone: (____) ____-_____

Status Options: Please check **ALL** that apply and indicate type or title where appropriate.

Female

Parish ABVM - OLFM

Group Coordinator: ANNEMARIE BOLTZ

Mode of Transportation: PARENT

Event Name: Confirmation Retreat Event Dates: February 8, 2026 – ABVM

Primary Emergency Contact: _____ Relation: _____

Address: _____ Street _____ City _____ State _____ Zip _____

Allergic Reactions / Dietary Restrictions: (medications, food, insects, etc)

Current Prescription Medications: (name, dosage, frequency) _____

Special medical conditions: No Yes (Please describe)

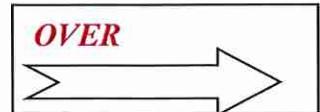
Special medical conditions: No Yes (Please describe)

Access Needs: (Please check appropriate boxes and/or explain special needs or concerns.)

Access needs: (Please check appropriate boxes and explain in space below)

- Wheelchair access
- Mobility impaired
- Other
- Hearing impaired
- Visually impaired

OVER



Are there any medications that should NOT be administered to this participant? (Allergies, interactions etc.)

I hereby grant permission for nonprescription medication (such as acetaminophen, ibuprofen, throat lozenges, cough syrup etc.) to be given my child if deemed advisable.

Signature of parent/legal guardian: _____

Date _____ / _____ / _____

I understand and have been informed that taking part in this youth event involves the risk of injury, and that participation is voluntary. 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 for all participants.

I hereby consent and authorize any staff members and/or adult volunteers under whose auspices the program for which my child or myself is being conducted, to secure emergency medical care or treatment that may be necessary for my self/child during the entire event. This consent and authority includes, but is not limited to, the ability to apply for admission to any health care facility, to arrange for and consent to health care procedures, and to arrange for any necessary transportation. This consent and authorization also includes the right to request, review and receive any oral or written information regarding my or my child's physical or mental health including medical and hospital records and including the authority to execute any releases that may be necessary to obtain this information. Furthermore, I release and hold harmless any said staff member and/or adult volunteer from any liability as a result of that staff member or adult volunteer who acting in good faith is placed in a position of making decisions required for emergency care or medical treatment for my self/child. In case of an 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.

I am hereby advised that photographs or video of participants may be taken during this youth event and used in publications, websites or other materials produced from time to time by **ABVM & OLFM** or the Diocese of Harrisburg. (Participants would not be identified, however, without specific written consent.) I understand that if I do not wish to have photographs or video used for such publications that I must provide written notification to **ABVM & OLFM**. I understand that **ABVM & OLFM** has no control over the use of photographs or video taken by media that may be covering the event.

I hereby acknowledge that the above information is true and accurate. By signing below, I grant consent for

My child _____ to participate in this youth event.

Parent/ Guardian Signature (if participant is under 18)

_____ / _____ / _____
Date _____