

Diocesan Confirmation Retreat Dates (Mandatory)

Candidates for Confirmation must attend a one-day retreat offered by the diocese. There will be four diocesan retreats available for the candidates to attend.

Diocesan Retreat Dates and Locations are:

- November 11 at St. Jude, Chattanooga
- January 27 at St. John Neumann School, Knoxville
- February 24 at St. Mary, Johnson City
- March 17 at Holy Trinity, Jefferson City

Retreat cost is \$30 (Lunch is NOT Included – Participants should bring a bag lunch with them).

Tentative Retreat Schedule

10:00am Doors Open / Countdown Begins
10:10am Opening Set from Band
10:35am Welcome
10:40am Crowd Games
11:00am Speaker Introduction*
11:10am Keynote 1 (Basic Gospel Message)
11:50am Talkback Session / Witness
12:20pm Lunch Break / Discussion
1:10pm Set from Band
1:30pm Crowd Games
1:50pm Speaker Introduction*
2:00pm Keynote 2 (Confirmation as Response to the Gospel)
2:40pm Talkback Session / Witness
3:10pm Speaker Introduction*
3:20pm Keynote 3 (Discipleship and the Power of the Holy Spirit)
4:00pm Talkback Session / Witness
4:30pm Prayer / Worship
5:30pm Mass

To register for this retreat, please do the following:

1. Complete the attached forms (with signatures)
2. Write a check for \$30 payable to All Saints
3. Return to All Saints Parish Office as soon as possible.

For questions, please contact Fr. Richard Armstrong at (865-584-3307 or rarmstrong@dioknox.org) or Deacon Al Forsythe at (865-584-3307 or aforsythe@dioknox.org)



The Diocese of Knoxville
Office of Youth & Young Adult Ministry

FORM A

PARISH _____
DEANERY _____

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Diocese of Knoxville- Office of Youth & Young Adult Ministry

PARTICIPANT'S NAME: _____ PARENT/GUARDIAN'S NAME: _____
 Participants: BIRTH DATE: _____ Social Security Number _____ Gender: Male, Female
 HOME ADDRESS: _____ E-mail Address _____
 HOME PHONE: _____ EMERGENCY PHONE _____

I, (name of parent or guardian) _____, grant permission for my child (name of child) _____
 _____ to participate in the Diocese of Knoxville _____ (the

"Program") to be held at (Location): _____ Parish. (Date): _____
 For value received, I agree on behalf of myself, my child's other parent if known or living (name of parent) _____ my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Knoxville, Youth and Young Adult Ministry ("OYYAM"), its officers, directors, and agents, and all parishes within the diocese, and the officers, agents, representatives, volunteers and employees of either the diocese or any parish thereof, and chaperones or representatives associated with the "Program" with respect to any and all actions, claims or demands that may be made or brought against OYYAM, its officers, directors and agents, and the Diocese of Knoxville and all parishes within the diocese, and the officers, agents, representatives, volunteers and employees of either the diocese or any parish thereof, and chaperones or representatives associated with the "Program", arising from or in connection therewith, and I agree to compensate OYYAM, its officers, directors and agents, and the Diocese of Knoxville and all parishes within the diocese, and the officers, agents, representatives, volunteers and employees of either the diocese or any parish thereof, and chaperones or representatives associated with the "Program" for reasonable attorney's fees and expenses arising in connection therewith.

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, **sign only those in accordance with your wishes.**

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to OYYAM, its officers, directors and agents, and the Diocese of Knoxville and all parishes within the diocese, and the officers, agents, representatives, volunteers and employees of either the diocese or any parish thereof, and chaperones or representatives associated with the "Program" to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

NAME and RELATIONSHIP: _____

Telephone: (_____) _____

FAMILY DOCTOR: _____

Telephone: (_____) _____

FAMILY HEALTH PLAN CARRIER: _____

Policy Number: _____

(1) Signature: _____ Date: _____
 (This line must be signed in order to participate)

Other Medical Treatment: In the event it comes to the attention of OYYAM, its officers, directors and agents, and the Diocese of Knoxville and all parishes within the diocese, and the officers, agents, representatives, volunteers and employees of either the diocese or any parish thereof, and chaperones or representatives associated with the "Program", that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with telephone charges reversed to myself).

(2) Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows:

(3) Signature: _____ Date: _____

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

(4) Signature _____ Date: _____

I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

(5) Signature: _____ Date: _____

Specific Medical Information: OYYAM, will take reasonable care to see that the following information will be held in confidence.

- > Allergic reactions (medications, foods, plants, insects, etc.) _____
- > Immunizations: Date of last tetanus/diphtheria immunization: _____
- > Medications child currently takes _____
- > Does child have a medically prescribed diet? _____
- > Any physical limitations? _____
- > Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting? _____
- > Has child recently been exposed to contagious disease or condition, such as mumps, measles, chicken pox, etc.? _____
- > If so, date and disease or condition: _____
- > You should also be aware of these special medical conditions of my child _____

I fully understand the consequences of the foregoing statements and sign this **PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER** knowingly, freely, and willingly. (Your signature must appear below or your child will not be permitted to attend the "Program")

(6) Signature: _____ Date: _____
(This line must be signed in order to participate)

Parent or guardian **must** sign lines numbered 1 and 6. If your parish requires notarization of this form, please have notarized.

Diocese of Knoxville Youth Ministry Youth Code of Conduct

1. The use of drugs, tobacco, alcohol, fireworks, matches, cigarette lighters, or items that would endanger people, pets, wildlife or property are strictly prohibited.
2. Clothing must be appropriate. Spaghetti straps, short shorts, tank tops, halter tops, baggy pants, and any clothing item found bearing midriifs or offensive in reference to tobacco or alcohol products including insignias or advertisements will not be allowed. Refusal to wear appropriate clothing could lead to dismissal.
3. Language and behavior should exemplify Christian values.
4. Public displays of affection will be addressed when deemed inappropriate.
5. Participants are expected to respect the rights and property of others. Neither vandalism nor stealing will be tolerated. Financial obligations that result from such behavior will be the sole responsibility of the youth and his/her family.
6. Male and female participants are not to be in each other's sleeping areas without a chaperone.
7. If applicable, participants must wear their nametags at all times.
8. No participants are permitted to leave the premises without the expressed permission of the coordinator.
9. Cell phones and music, game and video game gear are not permitted, unless otherwise noted. CELL PHONES will be taken up if brought, to the end of camp.
10. No participants are allowed to ride in a car with another participant to, from or during an event unless expressed permission has been given by a parent/guardian to the coordinator.
11. Each participant is expected to participate in all activities of the event. The coordinator will address any infraction.
12. Food and drinks are only to be consumed in designed areas.
13. Participants are to abide by specific regulations pertaining to individual events not stated above.

Note: The coordinating team takes every precaution to provide a safe environment. We cannot be held responsible for the willful misconduct of a young person.

Code of Conduct: I agree that my child is expected to abide by all rules and regulations as outlined in the Code of Conduct. I agree that if my child fails to abide by this Code or engages in any infraction that is deemed by the coordinator to be inappropriate, he/she will be dismissed from this activity and sent home at my expense with no right of reimbursement.

Parent/Guardian Printed

Name _____

Parent/Guardian
Signature _____ Date _____

I have read the foregoing and understand the **Code of Conduct** for participants and I will abide by them. In addition, I will abide by all directions given me by the coordinators and adult chaperones. I understand and agree that my parents or guardians will be notified at the time of any infraction requiring my dismissal from this event and that I will be sent home at the expense of my parents or guardian. I also understand that being in possession of any tobacco product, alcoholic beverage, or drug is cause for automatic dismissal from this event.

Participant's Printed Name _____

Participant's Signature _____ Date _____



The Diocese of Knoxville
Office of Youth & Young Adult Ministry

Audio/Video Photo Release

I hereby agree to have Audio/Video and Photographs taken of me and kept on file by the Roman Catholic Diocese of Knoxville on the following date(s) **October 29 - 30, 2016 while participating in the Diocesan Youth Conference.** I understand that the audio sound bites and images shall be exclusively owned by the Diocese of Knoxville, and it may be used for the purposes of promoting the Office of Youth and Young Adult Ministry or another development program of the Diocese. The Diocese of Knoxville has made no representations or other promises to me regarding quality or possible distortion of this material.

I hereby expressly grant all rights, in perpetuity, for the use of all or any part of the sound or video images taken of me on the above date. I acknowledge that the audio and video images have been taken free of charge and without a professional fee or any other compensation.

I further acknowledge that I shall receive no royalties, residual compensation or any other consideration of any sort from any party at any time, as a result of the audio and video being taken or arising from the subsequent reproduction or distribution of the audio and video taken on the above date. I expressly waive and relinquish without recourse all rights, interests and claims that I may now have or may have at any future time in the audio and video taken on the above date. I expressly waive notice of distribution or redistribution or any right of approval of the material taken on the above date.

I hereby grant the Diocese of Knoxville my permission to publish my name and use my likeness that it manufactures from the material taken on the above date. This permission extends to the Diocese of Knoxville and any subsequent party which the Diocese may designate that is involved in the reproduction and distribution of this material.

I have read the above terms and conditions of this release. I understand the contents of this release and that I am waiving and relinquishing all rights that I may have as set forth above.

Participant's Signature _____ Date _____

Parent/Guardian
Signature _____ Date _____