

TSUNAMI OF THE SPIRIT

CONFIRMATION RETREAT

OCTOBER 2, 2010
FROM 10AM-6PM
AT PYRAMID LIFE CENTER
PARADOX, NY

YOUTH* COST: \$40
(includes lunch, dinner and program)

Young people will:

- *enjoy a day packed full of a variety of activities and celebrations intended to be fun and filled with faith experiences!*
- *get to know people from neighboring parishes, clusters and diocese!*
- *navigate the Waters to explore prayer, being Catholic, gifts of the Spirit and More!!*
- *fulfill the retreat requirements of Confirmation Programs*
- *be challenged to listen to God's voice, find God's path and to see God in all!*

*Presented by
Living Hope
Beth and Chris Carlin*

*For questions, more information, references or registration, please contact
Beth or Chris*

*livinghoperetreats@nycap.rr.com
518-727-7972*

*all Living Hope employees and volunteers have attended VIRTUS, have background checks and signed diocesan Codes of Conduct available by request. Any adult wishing to stay for the retreat may do so for \$5, but MUST show proof of VIRTUS and background clearance.

**Individuals driving home are invited for dinner and closing prayer beginning at 5pm at no cost

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Parish: _____ Location: _____

Name: _____ Sex: _____ Grade: _____

Address: _____ City: _____

Zip: _____ Phone: _____ #attending for dinner _____

Emergency Contact: _____

Saturday Phone #: _____ Cell Phone# _____

Health Insurance Co.: _____

Policy #: _____ last 4 digits

Physician: _____

Phone: (_____) _____

List Any Medications (prescription and non-prescription) currently taken and include dosage: _____

List allergies or special needs/concerns (include dietary needs): _____

I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical emergencies only, and for the release of medical records to an attending health worker in case of illness. I understand that every effort will be made to contact the parent/guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child. I relieve the Living Hope, Pyramid Life Center (and Diocese of Albany) of all responsibility and consequences that may arise as the result of this treatment. I will not hold Living Hope, nor chaperones, or representatives associated with this Confirmation retreat or Pyramid Life Center responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

Parent/Guardian

Signature: _____ Date: _____

I, (name of parent or guardian) _____, grant permission for my young person (name of youth) _____ to participate in the **Confirmation Retreat**, to be held at **Pyramid Life Center, Paradox NY**, on **Sat. Oct. 2, 2010**. My young person and I have read the code of conduct. We agree to abide by all rules and regulations decided upon by Living Hope and Pyramid Life Center. I understand that Living Hope or Pyramid Life Center (Diocese of Albany) will not be held liable if my child fails to cooperate with said regulations and that any infractions of the rules may result in immediate dismissal from the retreat. I further understand that I will be responsible for any costs or other requirements for immediate transportation home. The participant will not be left unattended while waiting for transportation home.

YOUTH

As a participant of the Confirmation Retreat, I, _____ understand and agree to the rules and regulations as determined by Living Hope and Pyramid Life. I also understand and agree that I will notify my parents or guardian at the time of any infractions requiring my dismissal from the Confirmation Retreat and that I will be sent home at my own and/or my parent's/guardian's expense.

Parent/Guardian Signature: _____ Date: _____

Youth Signature: _____ Date: _____

Please make check payable to: Living Hope and mail with form to PO Box 272 East Schodack, NY 12063

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PARENT/PARISH INFORMATION

Participants in the Tsunami of the Spirit Confirmation retreat will be on an interactive journey with others to explore God's love and our role of carrying that Love to others. They will have time for prayer, fun, reflection, community building and more. We will explore the gifts of the Spirit and discernment for use of those gifts.

Parents are welcome to join us at 5pm for a community dinner and closing prayer. If you will be coming with more than one person (younger siblings, etc..) please let us know so we can plan for the meal.

At the completion of the retreat, Living Hope will notify your parish of your young person's participation in the day. Parishes can get a detailed summary of topics covered if needed.

Participants are expected to abide by the rules of the retreat and the facility. The CODE OF CONDUCT is as follows:

- The purchase, possession or consumption of alcoholic beverages, tobacco products or the possession or use of illegal drugs will not be tolerated. Failure to comply will result in IMMEDIATE DISMISSAL from the retreat.
- Participants must attend all scheduled activities and events and remain in areas of the camp designated for this retreat
- Name tags must be worn at all times .
- Participants must remain at camp until their transportation departs at the end of the event.
- Participants are expected to obey the direction of all chaperones.
- * Cell phones, PDA's and portable gaming/music devices are not allowed to be used during the retreat. Cell phones will have no reception regardless. If there is an emergency, please call the camp main number at **518.585.7545**
- Participants are representing their parish communities - appropriate behavior and language are expected.
- Final decisions regarding acceptable behavior/consequences is the responsibility of the Retreat Coordinator(s) and will be reviewed at the beginning of the day.

Any parent or parish representative desiring to stay for the program MUST have their VIRTUS completed and sign a code of conduct as well.

We recommend participants bring:

Comfortable shoes (sneakers would be best, Pyramid is rocky and hilly)
Sweat shirt
Rain Jacket if it looks even remotely possible it will rain
Bug spray/ sun screen
Water bottle
Openness to the Spirit

Please contact Beth or Chris Carlin if you have any questions concerning the day at livinghoperetreats@nycap.rr.com or 518-727-7972. Please make checks payable to "Living Hope" and mail forms and check to: Living Hope PO Box 272 East Schodack, NY 12063. Thank you.

Registration Due by September 25, 2010