



**2025 CONFIRMATION
FALL RETREAT**
October 18 & 19
Outlaw Ranch • Custer, SD

MEET at Calvary at 11:30am, Saturday, Oct. 18
RETURN to Calvary by 2:00 pm, Sunday, Oct. 19

Student(s) _____ Parent(s) _____

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☐ I can transport (if needed:) _____ (number of students) with a seat for each

My child(ren) will need a ride to/from Outlaw ☐ Yes ☐ No

I can chaperone (if needed) ☐ Yes ☐ No

I give permission for {Student's Name} _____ to participate in the activities of Calvary's Confirmation Retreat. I agree that the church or its personnel will not be held responsible for any accident that may occur. In the event I cannot be reached in an emergency, I give permission to the physician, selected by the adult leader in charge, to hospitalize, secure anesthesia, to order injections, or surgery for my child.

Parent/ Guardian Signature _____ Date _____

Important Note to Parents: We would like you to write a letter to your confirmation student. (It will be given to them during the Fall Confirmation Retreat.) You can bring it to the office/ or give it to their confirmation guide, by October 15.

This letter will be used to share your own "faith" story. It will also be used to give encouragement and support as your child continues their own faith journey through Calvary's Confirmation Program. (Check out the Confirmation page at calvaryrapidcity.org/education for possible topics to start your letter.)

Please do not stress over writing this letter to your child. It need not be long or involved. We feel a personal letter from a parent, grandparent, or guardian will help lay the groundwork for future conversations with your child about faith as he/she goes through Calvary's Confirmation Program. Thank You for being on this journey with us!

**INCLUDE \$90 REGISTRATION FEE + Challenge Course or
\$111 REGISTRATION FEE + Horseback Riding***

WITH THIS COMPLETED FORM (Front and Back)

Checks to: Calvary Lutheran Church

Return this form along with payment to the church office no later than: WED - OCT 15

*** Scholarships are available please just talk to Audra Nesland.**

Please complete other side of this form!

**OUTLAW RANCH & NESODAK
RETREAT PARTICIPANT INFORMATION AND PERMISSION FORM**

RETREAT: _____ DATE OF RETREAT: _____

NAME: _____

HOME ADDRESS: _____

PHONE NUMBER: _____ BIRTHDATE: _____ SEX: _____

PARENT OR GUARDIAN (if minor): _____

ADDRESS: _____

PHONE - DAY: _____ EVENING: _____ CELL: _____

INSURANCE NAME & POLICY NUMBER: _____

FAMILY PHYSICIAN: _____ PHONE: _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name: _____ Relationship: _____

Phone: Day _____ Night _____ Cell _____

Any time health care outside the camp community is needed parents & guardians will be notified. If you wish to be notified in ANY OTHER circumstances, please list here _____

LIST ANY CONDITIONS YOU MAY HAVE:

Dietary restrictions: _____

Any known allergies: _____

Description of any recent or current physical or mental conditions requiring special restrictions, treatment, or considerations while at camp: _____

Retreaters are responsible for taking their own medications. Adult advisors can handle/hold the medications for minors if parents/guardians would prefer.

Medications to be given at camp: _____

Any over-the-counter medications NOT to be taken at camp: _____

This health history is correct so far as I know, and I understand the risk in engaging in all prescribed camp activities. **Authorization for Treatment:** I hereby give permission to the camp health care personnel to provide routine health care, and to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary transportation for me or my child; and, in the event I can't be reached in an emergency, to secure and administer treatment, including hospitalization, for me or my child. I give permission for my or my child's photo to be used for publicity purposes.

Signature of Parent/Guardian _____

Or Adult Camper: _____ Date: _____

