

**REQUIRED FOR ALL CONFIRMATION STUDENTS**

***COST IS \$10 PER PERSON***

**PLEASE PRE-REGISTER AND PAY ONLINE AT: <https://rb.gy/sj7ctw>**

***STUDENTS MUST BRING THE ATTACHED PERMISSION SLIP  
(COMPLETED) WITH THEM ON MAY 22***

**SAVE THE DATE  
MAY 22, 2021**

**YOUTH PENTECOST RETREAT**

**FOR ANYONE  
13-17 YEARS OLD**  
(18 if still in high school)

**THE DIOCESAN E-TEAM  
WILL JOIN US!**

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**May 22, 2021 | 10 AM TO 9 PM**  
St. James Church | 1071 Academy Drive | Conway, SC 29526

**REQUERIDO PARA TODOS LOS ESTUDIANTES DE CONFIRMACIÓN**

**EL COSTO ES \$ 10 POR PERSONA**

**POR FAVOR REGÍSTRESE Y PAGUE EN LÍNEA EN: <https://rb.gy/sj7ctw>**

**LOS ESTUDIANTES DEBEN LLEVAR LA HOJA DE PERMISO ADJUNTA  
(COMPLETADA) EL 22 DE MAYO**

**SAVE THE DATE**  
**MAY 22, 2021**

**RETIRO DE JOVENES**  
**PENTECOSTES**

**Para Edades de**  
**13-17 Años**  
(18 si aún estas en la High School)  
**\$ 10 por estudiante**

**¡El Equipo de**  
**Evangelización Diocesano**  
**estará con nosotros!**

**Mayo 22, 2021 | 10 AM TO 9 PM**  
St. James Church | 1071 Academy Drive | Conway, SC 29526

Hello! Thank you so much for signing up for our Pentecost Youth Retreat! The retreat will be on Saturday, May 22<sup>nd</sup>; registrations will begin at 9:00 AM and the retreat will take place from 10:00 AM to 9:00 PM.

The address is 1071 Academy Dr, Conway, SC 29526.

***We ask you to wear a red shirt; a very significant color for what we are going to live in this experience.***

If you have already received your Sacrament of Confirmation, we ask that you come prepared with the name of the saint you chose for your sacrament. If you have not received your sacrament and you have not yet thought about your saint, do not worry, perhaps in this experience you will be inspired to choose one.

We ask you to bring a permission slip signed by your parents, if you do not have it, you can go to the registration table the day of the retreat and have one of your parents sign it. If you have not paid your fee of \$10.00 we will be receiving payments at the registration table.

This is all! The only thing that remains is to ask you to prepare yourself, to start praying starting today and start asking God to send his Spirit and pour out on you any of his gifts, whatever you need the most: Wisdom, Understanding, Science, Advice, Strength, Piety, and a Holy Fear of God.

If you need to call us, please reach out to Taylor Lilly at 843- 246- 1633.



¡Hola! ¡Muchas gracias por registrarte a nuestro Retiro de Pentecostés para Jóvenes! El retiro será el sábado, Mayo 22; las registraciones comienzan a las 9:00 AM, y el retiro se realizara de 10:00 AM a 9:00 PM.

***Te pedimos que te pongas una playera roja, un color muy significativo para lo que vamos a vivir en esta experiencia.***

Si ya recibiste tu Sacramento de Confirmación, te pedimos que vengas preparado con el nombre del santo que escogiste para tu sacramento. Si aún no has recibido tu sacramento y aun no has pensando en tu santo, no te preocupes, quizá en esta experiencia te inspires a escoger uno.

Te pedimos que traigas contigo un permiso firmado por tus padres, si no lo tienes, puedes llegar a la mesa de registración, allí tendremos permisos en blanco. Si no has pagado tu cooperación de \$10.00, estaremos recibiendo pagos en la mesa de registración.

Esto es todo, lo único que queda es pedirte que te prepares, que comiences a orar desde ahora y que comiences a pedir a Dios que envíe su Espíritu y que derrame sobre ti cualquiera de sus dones, el que sea que más necesites: Sabiduría, Entendimiento, Ciencia, Consejo, Fortaleza, Piedad y un Santo Temor de Dios.

Si necesitas contactarnos llama en Español a Estela Landaverde al número 571-723-7793 o llama en Ingles a Taylor Lilly a 843-246-1633.

Sincereamente,  
La Oficina de Patoral Juvenil Hispana  
1427 Pickens St.  
Columbia, SC 29201



**Description of Activity/Event: *Pentecostal Retreat***

Date(s): *May 22, 2021*

Type of Event: *One day Retreat*

Arrival/Departure Time: *Saturday, May 22<sup>nd</sup>, 2021 at 9:00 am for registration / Saturday, May 22<sup>nd</sup> at 9:00 pm*

Emergency Phone Number: *Taylor Lilley at 843-246-1633 and Estela Landaverde at 571-723-7793*

Destination: *St. James Catholic Church 1071 Academy Drive Conway, SC 29526*

Individual In Charge: *Taylor Lilley and Estela Landaverde*

Mode of Transportation: *Own*

**Participant Information:**

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

**Permission to Participate:**

I, \_\_\_\_\_, attest that I am the parent or legal guardian of this participant,  
*Parent or Guardian's Name*

and I grant permission for my child, \_\_\_\_\_ to participate  
*Child's Name*

in this parish youth ministry event, which requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of Parish employees and/or volunteers from

\_\_\_\_\_  
*Parish Name*

**Hold Harmless Agreement:**

As parent/legal guardian, I agree to be legally responsible for any personal actions taken by my son/daughter named above. In the event of a serious violation of the rules of conduct, I understand that he/she may be sent home at my expense, but you will be notified and logistics discussed with you in advance.

I agree on behalf of myself, my son/daughter named herein, our heirs, successors and assigns to indemnify, hold harmless and defend \_\_\_\_\_,

*Parish Name*  
and the Diocese of Charleston, their officers, directors and agents (collectively, the "Diocesan Parties") from any liability for illness, injury or death arising from or in connection with my son/daughter attending the above named activity/event, except that such obligations shall not apply in the event of the gross negligence or intentional acts of the Diocesan Parties.

*Signature of Parent/Guardian:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Permission To Be Photographed:**

I give my permission for my child, \_\_\_\_\_, to be photographed at this event and understand that the photographs may be used for publicity, etc. \_\_\_\_\_ Yes \_\_\_\_\_ No

*Signature of Parent/Guardian:* \_\_\_\_\_ *Date:* \_\_\_\_\_

## MEDICAL CONSENT AND PERMISSION TO TREAT

### **Release of Information:**

To the best of my knowledge, my child, \_\_\_\_\_ is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child to a hospital or emergency treatment facility. I wish to be advised prior to any further treatment by the medical professionals, but I do not want treatment to be withheld if neither I nor any emergency contact I have named below can be located and the injury is life-threatening or the failure to provide treatment is likely to result in permanent injury.

I hereby grant medical personnel permission to release medical information to the Diocesan Director and/or my parish youth minister in the event that my child becomes ill or injured.

*Signature of Parent/Guardian:* \_\_\_\_\_ *Date:* \_\_\_\_\_

### **Insurance Information:**

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### **Emergency Contact Information:**

Parent/Guardian's Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Business Phone (    ) \_\_\_\_\_

If you are unable to reach me, please contact:

Name: \_\_\_\_\_

Relationship to me or my son/daughter: \_\_\_\_\_

### **Medical History:**

My son/daughter is under the care of a medical provider.      \_\_\_ Yes      \_\_\_ No

Provider Name: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_

My son/daughter is taking medication and will bring all medication with him/her and it will be clearly labeled. My son/daughter is taking the following medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows: \_\_\_\_\_

I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) To be given to my child if necessary.      \_\_\_ Yes      \_\_\_ No

My son/daughter is allergic to the following: \_\_\_\_\_

My son/daughter's immunizations are current and up to date      \_\_\_ Yes      \_\_\_ No

My son/daughter has the following limitations: \_\_\_\_\_

My son/daughter experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bedwetting, etc.      \_\_\_ Yes      \_\_\_ No

Please explain: \_\_\_\_\_

*Signature of Parent/Guardian:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Side B**