

Confirmation Retreat – Grades 6-7-8-9



- DATE:** Friday – Sunday, Feb. 27-Mar. 1, 2009
- PLACE:** Camp Onomia, Onamia, MN 1-800-822-0152
Sherrie's Cell Phone 651/428-9628
- DEPART:** Be at church by **4:30 pm** on Friday (5 pm departure)
Parents are asked to "sign- in" with Sherrie or an adult leader in the church before leaving.
- RETURN:** Sunday by 1:30 pm.
- COST:** **\$15** to help cover Van/Bus Rental. Room and Board Retreat costs were included in your \$100 Confirmation fee this fall. If you haven't yet paid this, please place it in an envelope clearly marked "Confirmation fee for [student name]" and bring it to the church office.



BRING: Comfortable clothing for inside and winter gear for outside play, a sleeping bag, pillow, Bible, toiletries, swimsuit, towel, completed Camp Onomia health history form. Medications will be turned into health services at check-in.

MONEY FOR FAST FOOD STOP ON FRIDAY NIGHT AND SUNDAY NOON!

**We are in need of 3-4 parents to participate as drivers/adult leaders!
Please contact Sherrie if you can help! 651/774-5954, Ext. 14**

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GUSTAVUS ADOLPHUS LUTHERAN CHURCH, ST. PAUL, MINNESOTA YOUTH ACTIVITY-PARENTAL CONSENT AND RELEASE

Activity: **Confirmation Winter Retreat – Camp Onomia**
Dates of Activity" **Feb. 27-Mar. 1, 2009 (Friday Night – Sunday Morning)**

Name of Youth: _____

The undersigned parent(s) (or legal guardian) of the above named Youth hereby grants permission for and consents to the participation in the above described Activity by the above named Youth, including travel to and from the Activity, and further consents to any emergency medical care or treatment which may be deemed to be reasonably necessary during such time.

I understand and am aware of the risks involved in the Activity and voluntarily assume all of the risks presented by the above named Youth's participation in the Activity. I understand that participation in the Activity described above presents certain hazards and may involve the risk of serious or life threatening injury. Accordingly, on behalf of the above named Youth and myself, I agree to hold harmless and hereby waive and release any and all rights, claims, actions, or causes of action whatsoever which we may have or claim to have against Gustavus Adolphus Lutheran Church, its officers, directors, agents, employees, or other persons conducting or supervising the Activity for any injury or damage arising out of or in connection with the participation by the above named Youth in the Activity. We further agree to indemnify and hold harmless Gustavus Adolphus Lutheran Church, its officers, directors, agents, employees, or other persons conducting or supervising the Activity from any loss or liability incurred by them arising out of any act or omission by the above named Youth which results in the injury or damage to any other person or property whatsoever.

Signature(s) of Parent/Guardian: _____

Date: _____

Home Phone #: _____

Work or Cell Phone #: _____

Emergency Contact : _____ Phone #: _____

(If unable to reach parent/guardian)

PLEASE SIGN AND RETURN THIS CONSENT FORM TO THE CHURCH OFFICE BY FEB. 4, 2009!