

**APPLICATION FOR PARTICIPATION  
Saint Francis University  
FIREstarters Confirmation Retreat Program**

To enroll, please fill out the information below:

Name \_\_\_\_\_  
Grade as of Fall 2010: Fr. \_\_\_ So. \_\_\_ Jr. \_\_\_ Sr. \_\_\_  
Sex: M \_\_\_ F \_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
School \_\_\_\_\_  
Parent/Guardian's Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Emer. Phone \_\_\_\_\_  
How did you find out about our retreat? \_\_\_\_\_

**Parent/Guardian Authorization**

I, the parent/guardian of the above-named child, hereby permit my child to participate in the FIREstarters Confirmation Retreat program at Saint Francis University. I agree to direct my child to cooperate with and conform to the directions and instructions of the University and/or diocesan personnel responsible for the activity. I authorize the director act for me according to his best judgment in an emergency requiring medical attention. I understand, should emergency medical conditions arise, I will be contacted as soon as possible. If I am not available, I authorize you to contact:

Name of Physician \_\_\_\_\_  
Phone # \_\_\_\_\_  
Any Medical Conditions / Food Allergies?  
\_\_\_\_\_

In signing this form, I acknowledge that the information I have given is accurate. I agree to direct my child to cooperate with the rules and instructions of the youth director. In the event that my child consistently misbehaves and/or acts inappropriately, I agree to be contacted by the youth director and pick up my child from the event.

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_