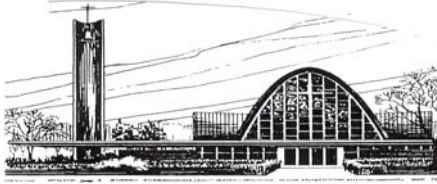


2011-2012 Religious Education Registration



**ST. BERNARD RELIGIOUS EDUCATION**  
 P.O. BOX 620187  
 MIDDLETON, WI 53562-0187  
 PHONE: (608)831-6531

OFFICE USE ONLY		
Date Received:		
Registration Fee: \$		#
\$25 Sacramental Fee: \$		#
\$45 HS Retreat Fee: \$		#
\$55 Conf Retreat Fee: \$		#
Teaching OR Team Teaching		

**TOM SPINELLI, DRE** (Grs. 9-11)  
**KATHY NELSON, DRE** (Preschool-Gr. 8)

FAMILY SURNAME	PARENT(S) FIRST NAME(S)		
STREET ADDRESS	CITY	STATE	ZIP
HOME PHONE	WORK PHONE (father)	WORK PHONE (mother)	
FAMILY E-MAIL ADDRESS	EMERGENCY NAME	EMERGENCY PHONE	

Please check here if the above contains address, phone, or e-mail changes.

**GENERAL REGISTRATION INFORMATION - COMPLETE 1 FORM PER FAMILY**

- ▶ Registration is \$50 per student—accepted on a first-come, first-serve basis.
- ▶ Enter the grade level(s) for this fall.
- ▶ Download and keep the Religious Education Schedule for specific dates for each grade. Highlight your selections on the schedule. **We will contact you only if you do not get your first choice of class time.**
- ▶ Return to the Religious Education Office:
  - (1) this completed General Registration Information form (**only 1 per family**);
  - (2) registration fees, sacramental fees, and retreat fees; and
  - (3) all appropriate Grade Level Form/s.
- ▶ For questions about Grs 9-11, please contact Tom Spinelli: [toms@stbmidd.org](mailto:toms@stbmidd.org) (831-6531 x 326).  
 For questions about Preschool-Gr 8, please contact Kathy Nelson: [kathy@stbmidd.org](mailto:kathy@stbmidd.org) (831-6531 x 327).

**FEE INFORMATION:**

- Registration fee is enclosed
- Registration fees** waived because family member will **Teach** \_\_\_\_\_ (or) **Team-Teach** \_\_\_\_\_  
 Name: \_\_\_\_\_ Preferred grade: \_\_\_\_\_ Preferred time: \_\_\_\_\_  
 Completed (or working towards) VIRTUS training on \_\_\_\_\_
- \$25 sacramental fee (for 2<sup>nd</sup> Grade)       High School Retreat fee       Confirmation Retreat fee.  
 Fees for sacramental preparation and retreats are not waived for teachers.
- If full fee is not enclosed, please explain: \_\_\_\_\_

\* \* \* \* \*

I will **volunteer as a substitute teacher**      Name: \_\_\_\_\_  
 Preferred grade: \_\_\_\_\_ Preferred time: \_\_\_\_\_





## CONFIRMATION RETREAT PARTICIPATION

*Retain this information page for your reference.*

*Complete and return the Registration and Medical Release on the following page.*

NAME OF EVENT: ***2011 Confirmation Retreat***

DESTINATION: ***Camp Gray, E10213 Shady Lane Road, Reedsburg, WI 53959***

EMERGENCY PHONE NUMBER: ***(608)356-8200 (Camp Gray)***

DESIGNATED SUPERVISOR OF ACTIVITY: ***Tom Spinelli***

METHOD OF TRANSPORTATION: ***Middleton-Cross Plains Area School District buses***

STUDENT COST: ***\$55.00***

DATE AND TIME OF DEPARTURE FROM ST. BERNARD PARKING LOT: ***and***

DATE AND ANTICIPATED TIME OF RETURN TO ST. BERNARD PARKING LOT:

***Retreat 1- depart at 9:00 am THURSDAY - October 27  
anticipated return at Noon FRIDAY - October 28***

***Retreat 2 – depart at 5:00 pm FRIDAY - November 18  
anticipated return at Noon SATURDAY - November 19***

Please complete the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal liability which may result from any personal actions taken by the named student. Recognizing the importance of discipline and the need to maintain order, it is also agreed that you will pick up your son/daughter from Camp Gray if notified (**day or night**) that s/he was found using alcohol or illegal drugs or has otherwise disrupted the retreat.



**CAMP GRAY, INC.  
WAIVER AND RELEASE OF LIABILITY;  
INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

\_\_\_\_\_  
(Participant)

\_\_\_\_\_  
(Age)

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Other)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
Zip Code)

\_\_\_\_\_  
(Home Telephone No.)

\_\_\_\_\_  
(Work Telephone No.)

In exchange for Participant's participation in Camp Gray, Inc., ("Camp Gray"), programs, Participant, Parent(s) and/or Legal Guardian(s) of a minor Participant, agree as follows:

1. **ACKNOWLEDGEMENT OF RISK.** Participant, Parent(s) and/or Legal Guardian(s), acknowledge and fully understand that there are inherent risks of serious injury or death associated with horseback riding, tower climbing, hiking, backpacking, biking, swimming, canoeing (especially in whitewater rapids), and other activities associated with the camp experience. These inherent risks include, but are not limited to, being thrown or falling from a horse, being kicked or run into by a horse; encountering natural dangers such as falling rocks or objects, irregular or uneven ground, or unseen and unmarked objects; drowning or serious injury in and around water could occur due to water movement, subsurface conditions, cold water temperature, water impurities, and the like. Inherent risks also include acts or omissions of other Participants; the condition of equipment or property, even if properly maintained; weather conditions (such as lightning strikes, sunburn, rain or hail storms, tornadoes, and the like); contact with plants, animals or insects; the risk of Participant engaging in unauthorized activities; Participants' physical condition or Participants' own acts and omissions; conditions of roads, trails, waterways or terrain; the administration and availability of first aid and emergency treatment; and consumption of food or drink by a Participant. Participant, Parent(s) and/or Legal Guardian(s), further acknowledges that all inherent risks associated with activities at Camp Gray, including horseback riding, tower climbing, hiking, backpacking, biking, swimming or canoeing cannot be described as part of this document.

**2. PARTICIPANT WAIVER OF RIGHTS AND RELEASE OF LIABILITY.**

*Participant, all parents and/or legal guardians, hereby releases, waives and discharges Camp Gray, its employees and agents from liability claims and demands of negligence on the part of Camp Gray, its employees and agents arising in connection with participation in Camp Gray activities and use of Camp Gray facilities and equipment, including but not limited to those risks described in paragraph #1 above, providing, however, that this waiver and release does not include injury, damage, or loss as a result of the intentional or reckless acts of Camp Gray, its agents or employees.*

NOTICE: Horseback riding on Camp Gray property is provided by Wagons West, LLC. While Camp Gray has taken great care in selecting a contractor to provide horseback riding and instruction, Camp Gray is not responsible for the actions of Wagons West, LLC.

**3. INDEMNIFICATION AND HOLD HARMLESS.** Participant, Parent(s) and/or Legal Guardian(s), further agrees to indemnify and held harmless Camp Gray, its employees and agents, against all losses, damages, monetary awards and expenses, including all costs and attorneys' fees, incurred in connection with any and all claims of negligence on the part of Camp Gray, its employees and agents, brought by Participant, Parent(s) and/or Legal Guardian(s), his or her heirs, successors, assigns, and legal representatives, for any injury, death, illness, disease, or damage to property, arising from or connected with participation in any activity of Camp Gray. The indemnification and hold harmless agreement does not include losses, damages, monetary awards and expenses as a result of the intentional or reckless acts of Camp Gray, its employees and agents.

**4. MISCELLANEOUS.** The parties agree that the provisions of this "Waiver and Release of Liability; Indemnification and Hold Harmless Agreement" ("Agreement") shall be deemed severable, and that the invalidity or unenforceability of any one or more of the provisions of clauses hereof shall not affect the validity or enforceability of the other provisions or clauses hereof except as specifically set forth herein. The terms of this Agreement constitute the entire agreement and understanding between the parties. This Agreement is made pursuant to and shall be construed under the laws of the state of Wisconsin.

**5. OPPORTUNITY TO NEGOTIATE.** You are encouraged to carefully review the contents of this "Waiver and Release of Liability; Indemnification and Hold Harmless Agreement" ("Agreement") and take the time you feel necessary to review it. **DO NOT SIGN** this Agreement unless you understand and agree to the terms and conditions of this agreement. You may wish to consult an attorney. If you wish to **NEGOTIATE** any of the terms of this Agreement for modifications, deletions, or additions, please contact the Camp Gray Director at 608-356-8200 prior to signing and executing this Agreement. If you do not contact the Camp Gray Director prior to signing and executing this Agreement, Camp Gray understands that you are accepting the terms and conditions as set forth above, and that you do not wish to pursue any further negotiations regarding the terms and conditions of this Agreement.

I CERTIFY THAT I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY; INDEMNIFICATION AND HOLD HARMLESS AGREEMENT, AND THAT I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS AND ASSUMING SUBSTANTIAL RESPONSIBILITIES BY SIGNING IT, AND THAT I SIGN IT VOLUNTARILY.

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Participant)

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Parent/Legal Guardian)\*

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Parent/Legal Guardian)\*

NOTICE: A PERSON WHO IS ENGAGED FOR COMPENSATION IN THE RENTAL OF EQUINES OR EQUINE EQUIPMENT OR TACK OR IN THE INSTRUCTION OF A PERSON IN THE RIDING OR DRIVING OR AN EQUINE, OR BEING A PASSENGER UPON AN EQUINE, IS NOT LIABLE FOR THE INJURY OR DEATH OF A PERSON INVOLVED IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES AS DEFINED IN SEC. 895.481(1)(E) OF THE WISCONSIN STATUTES.

\*Must sign if participant is under age 18.

## EXPECTATIONS FOR CONFIRMATION CANDIDATES

- 1) **Personal desire to be confirmed.**
- 2) **Attendance at all classes during the Confirmation year.** If a class is missed, make-up work will be completed before the next class.
- 3) **Attendance at the Confirmation Retreat.** (Edgewood students are encouraged to attend one of the St. Bernard's Confirmation Retreats, but the required Edgewood retreat is OK if it occurs before Confirmation.)
- 4) **Commitment to gather with the community for weekly Eucharist.**
- 5) **Selection of an appropriate sponsor, a faith-filled person who knows the candidate well, someone with whom the candidate would be comfortable talking about the faith they share.**

According to revised Church Law, the minimum qualifications for the sponsor are that the sponsor be:

- a) sufficiently mature for the role of sponsor;
- b) an actively practicing Catholic who has received the sacraments of Baptism, Eucharist, and Confirmation, and leads a life in harmony with the faith;
- c) someone other than the candidate's mother or father.

The role of sponsor is important. The person should not be chosen merely to be honored or because it is his/her "turn" to be sponsor. If you have questions about sponsor selection, call Tom Spinelli at 831-6531 ext. 326.

**It is important that the sponsor be selected before the "*Confirmation Parent & Sponsor*" meeting on September 11, 2011.** (Candidates do not attend this meeting; it is scheduled only for Parents and Sponsors.)

- 6) Candidates and sponsors will attend Sponsor Meetings on the following dates at 7:00 pm:
  - October 2 ..... in the Parish Center
  - November 6 .. in the Parish Center
  - December 4 .. in the Parish Center
  - January 8 ..... in the Parish Center
  - February 5 .... in the Church
- 7) If a candidate was not baptized here at St. Bernard's,  
**a copy of the candidate's baptismal certificate must be provided.**
- 8) Celebration of the Sacrament of Penance is encouraged before Confirmation.

**FAILURE TO MEET THESE EXPECTATIONS AND/OR DISRUPTIVE BEHAVIOR  
WILL BE CONSIDERED INDICATION THAT THE STUDENT IS NOT SERIOUS  
ABOUT THE DESIRE TO BE CONFIRMED.**