



HOLY ROSARY TEEN ACTS RETREAT APPLICATION

July 28-31, 2022

*BLESSED ARE THE POOR IN SPIRIT,
FOR THEIRS IS THE
KINGDOM OF HEAVEN.*

-MATTHEW 5:3

Participant's Name: _____ Age: _____ (on July 28, 2022) Birthdate: _____

Gender: _____ Cell #: _____ School: _____

Graduation Year: _____ Student Email: _____

Parish: _____ T-shirt size: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Cell: _____ Work: _____

Address (if different from participant): _____ City: _____

Parent email: _____

Please mail complete parent/guardian consent form and medical consent form along with a \$25.00 registration fee and this application to:

Danette Cantu, 1028 FM 949, Alleyton, TX 78935

****No hand-delivered forms will be accepted. The forms may NOT be postmarked before Monday, June 6, 2022.**

The \$25 fee is part of the entire fee of \$100*. The remainder of the fee is due on or before Thursday, July 28, 2022 during registration. If you are not accepted or have to cancel, the deposit fee will be returned to you.

*If you want to attend and are not able to pay the fee, scholarships are available.



The Catholic Diocese of Victoria in Texas

Holy Rosary ACTS Deanery - Hostyn, Texas

(school/parish)

FIELD TRIP/EVENT PERMISSION SLIP

No student will be permitted to participate in school or church sponsored events without a permission slip.
NOTE: Only those adults/chaperones who are SAFE ENVIRONMENT-compliant AND have been given permission by the school principal or pastor will be allowed to attend the school or church sponsored trip.

TRIP NAME: Teen ACTS Retreat
STUDENT NAME/Grade: _____ Mode of transportation : BUS
WHEN: July 28-31, 2022
WHERE (Include Facility Phone Number): Cathedral Oaks Retreat Center - 979-263-5935
TIME: _____
LEAVING: _____ RETURNING : _____
Thursday, July 28, 5:30pm Sunday, July 31, 10:00am
Description of Event and Activities: Interaction with youth and adults including religious, spiritual, moral and social issues; prayer and Scripture sharing
Lead Adult Chaperone: Danette Cantu
Lead Adult Contact Information: Phone: 979-758-4653 Email: rdcan2@sbcglobal.net

Please check off (✓) to be sure your child has everything he/she needs for this trip

COST PER STUDENT: ☒ \$100 registration

(covers fees and/or travel)

WHAT TO WEAR: ☒ Appropriate retreat clothing

WHAT TO BRING: ☒ Packing information will be mailed at a later date

Permission Slip and/or Fee are due by: June 26 team meeting !

✂

OPTIONAL: PLEASE KEEP TOP PORTION AS YOUR REMINDER!!!

✂

I, _____, give my child, _____
(PRINT Parent/Guardian Name) PRINT Student FIRST Name LAST Name

permission to go to Teen ACTS Retreat - Cathedral Oaks Retreat Center July 28-31, 2022

(Trip Location / City)

(Trip Date)

Parent/Guardian: Initial below and full signature at the bottom of form.

I shall not hold the Catholic school, Catholic church, Diocese of Victoria, those organizing or supervising the trip, or any vehicle driver or owner responsible for any injury or accident that may occur. If there is an emergency, and I cannot be notified, I authorize the person in charge to make a decision in my place.

I hereby assume responsibility for any other expenses, costs or damages incurred as a result of injuries to my child/ward, or anyone else claiming damages as a result of any injury sustained by my child/ward. [NOTE: My child/ward is allergic to: _____]

I understand as a condition for allowing my child/ward to attend a field trip or any school or church sponsored trip that there may be special rules and/or conditions with which my child/ward must comply. If he/she should fail to follow such conditions and/or rules, he/she may be required by the trip sponsor to return home prior to the end of the trip. Should this occur, the Diocese of Victoria or its representatives shall not be responsible for any cost or expense incurred in returning home. The undersigned shall be responsible for payment of all such cost and expense in the event my child/ward should be required to return home under such circumstances or other emergency which may arise..

As parent or legal guardian, I agree to defend, indemnify, and hold harmless the Catholic school named above and the Diocese of Victoria, its clergy, officers, agents, employees, and volunteers from any claims, costs, or expenses for property damages, personal injuries, or other damages arising out of my child's/ward's participation in the above-mentioned activity.

I acknowledge that I have read and understand this consent form and sign it voluntarily, with full knowledge of its meaning and significance.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian phone number(s) _____

MEDICAL CONSENT AND PERMISSION TO TREAT

To the best of my knowledge, my child, _____, is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatments: In the event of an emergency, I hereby grant permission to transport my child to a hospital for emergency medical treatment. _____ **YES** _____ **NO**

I wish to be advised prior to any further treatment by the hospital or doctor. _____ **YES** _____ **NO**

I grant permission to the healthcare professional on site to initiate treatment in the event of an emergency _____ **YES** _____ **NO**

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: (_____) _____ Business Phone: (_____) _____

Cell Phone: (_____) _____

If you are unable to reach me, please contact:

Name: _____

Relationship to me or my child: _____

Home Phone: (_____) _____ Business Phone: (_____) _____

Cell Phone: (_____) _____

Family Doctor: _____

Phone Number: (_____) _____

Please include a photocopy of your Insurance Card (front and back).

- Insurance Carrier: _____ Policy Number _____
- My child is taking medication and will bring all medication with him/her. It will be clearly labeled. My child 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**
- I understand that aspirin will not be given to my child without my express permission. I hereby grant such permission: _____ **YES** _____ **NO**
- My child is allergic to the following (medications, foods, plants, insects...etc.) _____
- My child's immunizations are current and up to date: _____ **YES** _____ **NO**
- My child's last tetanus/diphtheria immunization: _____
- My child has the following physical limitations: _____
- My child experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bed wetting, etc. _____ **YES** _____ **NO**. If Yes, please explain: _____

- My child has recently been exposed to a contagious disease or condition such as mumps, measles, chickenpox, etc. _____ **YES** _____ **NO**. If Yes, please state the date and disease or condition: _____

- My child is suffering from a psychological condition which may affect or limit his or her ability to participate in this activity. _____ **YES** _____ **NO** If Yes, please explain: _____

- Any additional information: _____

Signature of Parent or Guardian

Date



Video/ Photo/ Media/ Audio Release

I hereby grant Holy Rosary Deanery (School/Parish/Diocesan Entity) the right to make, use, and/or publish any and all videos, photos, media, audio, or other images of my minor child _____ in which they may be included, now existing or hereafter made, in any case, with or without identifying (him/her) for editorial, advertising, news, social media, or any other purpose and in any manner and medium.

I hereby release and agree to fully and unconditionally defend, indemnify, and hold harmless Holy Rosary Deanery (School/Parish/Diocesan Entity) and the Diocese of Victoria, its clergy, officers, Agents of the Church, employees and volunteers from any claims, costs or expenses for property damages, personal injuries, or other damages that may arise out of my minor child's participation.

I understand **that all communication with my minor child will be directly related to an approved School/Parish/Diocesan Entity activity.** In addition, I understand there will be no financial or other remuneration for recording my minor child in photos, videos, audio, or other images for initial or subsequent use, transmission, or playback.

I hereby **give permission** for my minor child to be in video/photos/media/audio/other images.

____ Parent/ Guardian Signature _____ Date

I hereby **do NOT give permission** for my minor child to be in video/photos/media/technology/audio.

____ Parent/ Guardian Signature _____ Date

Technology Release

Written parental/guardian permission to communicate via social media or other electronic communications with a minor must be obtained. Parents must be notified of the methods of communication, which are used in each particular ministry and **MUST BE COPIED AND INCLUDED IN SUCH COMMUNICATIONS.** These communications will only be used for ministry purposes such as announcements, scheduling of events, and similar notifications.

I hereby **give permission** for my minor child to be contacted through social media or other electronic communications.

____ Parent/ Guardian Signature _____ Date

I hereby **do NOT give permission** for my minor child to be contacted through social media or other electronic communications.

____ Parent/ Guardian Signature _____ Date

If permission is granted, list preferred method of contact for parent/legal guardian and minor child:

Choice	Mode of Communication	Guardian Contact Information	Minor Child Contact Information
_____	Text Messages	_____	_____
_____	Email	_____	_____
_____	Cell Phone	_____	_____