



# HOLY ROSARY TEEN ACTS RETREAT APPLICATION JUNE 20-23, 2019

"I am the living bread that came down from heaven...whoever eats  
this bread will live forever." - John 6:51

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ (on June 20, 2019) Birthdate: \_\_\_\_\_  
Gender: \_\_\_\_\_ Cell: \_\_\_\_\_ School: \_\_\_\_\_ Graduation year: \_\_\_\_\_  
Participant Email: \_\_\_\_\_ Parish: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St/Zip: \_\_\_\_\_ Tshirt size: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Parent email: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Address (if different from participant): \_\_\_\_\_ City: \_\_\_\_\_ St/Zip: \_\_\_\_\_

**PLEASE MAIL APPLICATION, COMPLETED PARENT/GUARDIAN CONSENT FORM AND MEDICAL CONSENT FORM  
ALONG WITH A \$25.00 DEPOSIT TO: (make checks payable to Holy Rosary ACTS)**

**Allison Machac, 1104 Kellett Ave. Schulenburg, TX 78956**

*DEPARTURE LOCATION/TIME: ST. ROSE OF LIMA CATHOLIC CHURCH, SCHULENBURG, TX / THURSDAY, JUNE 20<sup>TH</sup>  
6:30PM*

*RETREAT LOCATION: CATHEDRAL OAKS RETREAT CENTER, WEIMAR, TX*

*YOUTH PARTICIPANTS MUST BE BETWEEN THE AGE OF 14 & 18 (OUTGOING FRESHMEN THROUGH JUST  
GRADUATED SENIORS).*

*\*\* NO APPLICATIONS WILL BE ACCEPTED PRIOR TO MAY 1<sup>ST</sup>, 2019 \*\**

*THE \$25.00 FEE IS A DEPOSIT CREDITED TOWARD THE TOTAL RETREAT COST OF \$100.00\*. THE REMAINDER IS  
DUE ON OR BEFORE THURSDAY, JUNE 20<sup>TH</sup>. THE BALANCE CAN BE PAID DURING CHECK IN.*

*IF YOU ARE NOT ACCEPTED OR HAVE TO CANCEL, THE INITIAL DEPOSIT FEE WILL BE RETURNED TO YOU.*

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

*ALL PARTICIPANTS MUST ADHERE TO THE CODE OF CONDUCT:*

*-Dress shall be modest. No short-shorts or open/loose tops are allowed. Remember that you will be going to Mass  
each day and your attire should be appropriate. Shorts are acceptable.*

*-Items needed for retreat: Pillow, Blanket & sheets or sleeping bag (single sized mattress), Couple pair of shoes (at  
least one w/ closed toes), Personal toiletry items, Bath towel, Flashlight, Bug spray*

*-All rules outlined by the directors and co-directors must be followed. Failure to obey rules will result in removal  
from the retreat.*



Holy Rosary Teen ACTS Retreat • St. Rose of Lima Catholic Church, Schulenburg (schoolparish)

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: Holy Rosary Teen ACTS Retreat
STUDENT NAME/Grade: Mode of transportation : Bus
WHEN: June 20-23, 2019
WHERE (Include Facility Phone Number): Cathedral Oaks Retreat Center, Weimar, TX
TIME: LEAVING: June 20, 2019; 6:00 pm RETURNING : June 23, 2019; 10:00 am

Description of Event and Activities: Interaction with youth and adults concerning religious, spiritual, moral and social issues; prayer and scripture sharing.
Lead Adult Chaperone: Allison Machac
Lead Adult Contact Information: Phone: 979-743-6646 Email: amachac@gmail.com

Please check off (✓) to be sure your child has everything he/she needs for this trip
COST PER STUDENT: [ ] \$100.00 with permission slip form for child to attend trip
WHAT TO WEAR: [ ] Comfortable clothes for weekend (modest dress, no short-shorts) • Dress clothes for Sunday Mass
WHAT TO BRING: [ ] Pillow • Blanket & sheets or sleeping bag (single sized mattress) • Couple pair of shoes (at least one w/ closed toes) • Personal toiletry items (toothbrush, toothpaste, soap, shampoo, etc) • Bath towel • Flashlight

Permission Slip and/or Fee are due by: June 20, 2019!
OPTIONAL: PLEASE KEEP TOP PORTION AS YOUR REMINDER!!!

I, (PRINT Parent/Guardian Name), give my child, (PRINT Student FIRST Name) (LAST Name) permission to go to Cathedral Oaks Retreat Center, Weimar, TX (Trip Location / City) June 20-23, 2019 (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)

The following adult(s) plan(s) to attend: PRINT first and last name PRINT first and last name

If your child requires medication during this event/activity, complete Medication Request Form.



# The Catholic Diocese of Victoria in Texas

## YOUTH PERMISSION FORM/MEDICAL RELEASE

NAME \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

St/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Parish \_\_\_\_\_

PARENT/LEGAL GUARDIAN'S NAME \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Wk (\_\_\_\_) \_\_\_\_\_

I request and give my consent for my son/daughter, \_\_\_\_\_ to participate in all church/school sponsored activities from June 20, 2019 at 9:00 am through June 23, 2019 at 10:00 am sponsored by Holy Rosary ACTS / Queen of the Holy Rosary Church, Hostyn / St. Rose Church, Schulenburg and/or by the Diocese of Victoria. I understand that my son/daughter will be under the supervision of diocesan and/or parish/school personnel. I give my permission to the personnel in charge of the activity to search my child's belongings, bag, backpack, or other container if it is deemed necessary to do so. As parent or legal guardian I agree to defend, indemnify and hold harmless the Diocese of Victoria and Holy Rosary ACTS / Queen of the Holy Rosary Church, Hostyn / St. Rose Church, Schulenburg, 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 son/daughter's participation in the above mentioned activity or during the transportation to and from the event. I grant permission for non-prescriptive medication (e.g. tylenol, throat lozenges, cough syrup, pepto-bismol, etc.) and routine nonsurgical medical care to be given to my son/daughter if deemed advisable by the supervising diocesan and/or parish personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent's Signature

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

My son/daughter takes the following medication (name, dosage): \_\_\_\_\_

This medication is for: \_\_\_\_\_

Medication that my son/daughter is allergic to: \_\_\_\_\_

Last immunization/booster for Diphtheria/Tetanus: \_\_\_\_\_

Any specific medical problems: \_\_\_\_\_ Any physical limitations: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Name of Insured \_\_\_\_\_ Policy # \_\_\_\_\_

Group or Plan # \_\_\_\_\_  I do not have insurance at this time.

### Contacts in case of emergency and parent cannot be reached:

Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ My child may also be released to the emergency contact adults listed above after an event. (Please initial line)

\_\_\_\_\_ My child has a valid driver's license and may drive to and from events. (Please initial line)



**POLICY FOR ADMINISTRATION OF MEDICATIONS  
BY DIOCESE OF VICTORIA DESIGNEES**

This form specifically pertains to “over the counter” medications and prescription medications provided by the legal guardian for participants in parish/diocesan sponsored activities.

- A. Medications prescribed by a licensed healthcare provider and dispensed by a registered pharmacist may be administered for the duration of the parish/diocesan activity by authorized diocesan designee and only with this signed Medication Request Form.
- B. “Over the Counter” medication provided by the parent may be administered for the duration of the parish/diocesan activity by authorized parish/diocesan designee only with this signed, complete Medication Request Form.
- C. A prescribed medication may be administered for as long as the licensed healthcare provider requests based on the directions provided on the prescription. No medication shall be administered after its expiration date has passed.
- D. All prescribed and “over the counter” medication **must be in the original container and properly labeled.**
- E. Medication Request Form must be signed by the parent or legal guardian.

*Please complete this form only if your child will need medication administered during the event. Children MAY NOT keep their own medication with them, except for an epinephrine (epi-) pen, insulin, and/or an inhaler.*

**MEDICATION REQUEST FORM**

Event: Holy Rosary Teen ACTS Retreat

Date range of event: June 20-23, 2019

Child’s Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Medication:	Dosage:	Route: (oral, inhaled, etc.)	Time/Frequency Taken:

Will there be any restriction for activities while on any above listed medication? If “yes” please list any restrictions or special instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I consent for this medication to be administered by a parish/diocesan/school employee or volunteer of the Diocese of Victoria. I further release the Diocese of Victoria and its personnel from any liability resulting from any adverse effect that this medication may cause when dispensed at parish/diocesan activities. I understand that if I do not agree to this policy, “over the counter” medications and prescription medications provided by the legal guardian for participants will not be administered at the above mentioned event.

Date: \_\_\_\_\_ Parent or Legal Guardian Signature: \_\_\_\_\_