



# HOLY ROSARY TEEN ACTS RETREAT APPLICATION JUNE 21-24, 2018

"I will make you a light to the nations"  
-Isaiah 49: 6

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ (on June 21,2018) Birthdate: \_\_\_\_\_  
Gender: \_\_\_\_\_ Cell: \_\_\_\_\_ School: \_\_\_\_\_ Graduation year: \_\_\_\_\_  
Participant Email: \_\_\_\_\_ Parish: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Tshirt size: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Parent email: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Address (if different from participant): \_\_\_\_\_ City: \_\_\_\_\_

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)

**Nathan Vecera, 2940 CR 306, Lexington, TX 78947**

*DEPARTURE LOCATION/TIME: ST. ROCH CATHOLIC CHURCH, MENTZ, TX / THURSDAY, JUNE 21<sup>ST</sup> 6:30PM*

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

*YOUTH PARTICIPANTS MUST BE BETWEEN THE AGE OF 13 & 18 (INCOMING FRESHMEN THROUGH JUST GRADUATED SENIORS).*

**\*\* NO APPLICATIONS WILL BE ACCEPTED PRIOR TO MAY 1<sup>ST</sup>, 2018 \*\***

*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 21<sup>ST</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.*

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

**Parental/Guardian Consent Form and Liability Waiver**  
**Holy Rosary**  
**Teen ACTS Retreat**

Minor Participant's Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
School: \_\_\_\_\_  
Parish: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in this parish youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of adult volunteers from St. Roch Catholic Church and surrounding parishes from the Victoria Diocese. A brief description of the activity follows:

- **Type of event:** Teen ACTS Retreat
- **Date of event:** June 21-24, 2018
- **Cost:** \$100.00 (\$25.00 registration fee, remaining amount due before retreat)
- **Destination of event:** Cathedral Oaks Retreat Center, Weimar, TX
- **Individual in charge:** Nathan Vecera - Director; Deacon Doug Tromblee - Spiritual Director
- **Departure location:** St. Roch Catholic Church, Mentz, TX
- **Estimated time of departure:** June 21, 2018 at 6:30pm
- **Estimated time of return:** June 24, 2018 at 10:00am (Return Mass @10:30am)
- **Mode of transportation to and from event:** School Bus
- **Activities:** Interaction with youth and adults concerning religious, spiritual, moral and social issues; prayer and scripture sharing.

**As the parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.**

**I agree on behalf of myself, my child named herein, our heirs, successors and assigns to hold harmless and defend St. Roch Catholic Church, its officers directors, and agents, and the Diocese of Victoria from any and all liability for illness, injury or death arising from or in connection with my child attending the above named event and I agree to compensate the parish, its officers, directors and agents and the Diocese of Victoria, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.**

\_\_\_\_\_  
**Signature Parent or Guardian**

\_\_\_\_\_  
**Date**

## 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**

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Town: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

If you are unable to reach me, please contact:

Name: \_\_\_\_\_

Relationship to me or my child: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

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

- Insurance Carrier: \_\_\_\_\_ Policy Number \_\_\_\_\_
- My child is taking the following medication(s) and will bring them with him/her. They will be clearly labeled. The 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**