



Registration is due by March 8, 2018.

Fill out the registration below and pay \$50 to Sacred Heart Church:

First Name: _____

Last Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Parent's Name: _____

Parent's Email: _____

Parent's Phone #: _____

Emergency Contact Name: _____ **Number:** _____

T-Shirt Size (circle one): **Small** **Medium** **Large** **XLarge** **XXLarge**

By completing the registration and signing the attached Parental Consent, Emergency Medical Information, and Release Form attached, it is assumed that those attending the Teen ACTS Retreat will come prepared to allow themselves to be open to the Holy Spirit and willing to build up the faith of themselves and others.

This includes wearing attire that is appropriate for the event. Appropriate attire at the camp includes t-shirts and tops that are not sleeveless (no spaghetti straps, tank tops, or strapless tops), tops that do not have plunging neck/back lines, tops that do not show mid-drift, and tops that do not bear any profane abusive or offensive language/slogans. Pants or shorts should not hang below the waist or not be more than 2 inches above the knee (this includes work-out and running shorts). Shirts, pants, and shorts should be in good condition and not full of holes.

Closed toed shoes are required.

It might be handy to pack a light weight jacket or sweatshirt, even though it is summer, because some people get cold in the air conditioning. If necessary, we may ask that the youth change their clothes if they do not meet the guidelines.

We will be attending Mass as part of this event so appropriate Mass attire should also be packed.

Parental Consent for Youth to Participate in Activity, Emergency Medical Information, and Release

Participant: _____ (name)

Parents: _____ (names),
for themselves, heirs, executors, and administrators.

Event: *Teen ACTS Retreat, Camp Tejas, Giddings, Texas, March 15-18, 2018*

Parish/School: Sacred Heart Catholic Church, located in LaGrange (city), Texas, a Texas non-profit corporation, including its faculty, employees, contractors, clergy, agents, facilitators, and volunteers

Diocese: The Catholic Diocese of Austin, a Texas non-profit corporation, including its employees, contractors, clergy, agents, facilitators, and volunteers.

Transportation Provider: EIM certified drivers

The undersigned represent that they are the parents or legal guardians of *Participant* and have full authority under law to sign this document.

- A. *Parents* grant their permission for *Participant* to enroll and participate in the *Event*.
- B. *Parents* acknowledge and agree that:
 - (1) *Participant* and *Parents* voluntarily seek to participate in the *Event*;
 - (2) the *Event* may involve physical activity that involves risk of injury;
 - (3) *Participant* and *Parents* will abide by all policies and rules established for *Event* and instructions of those persons facilitating, organizing, or overseeing the *Event*;
 - (4) *Parents* and *Participant* are responsible for *Participant's* conduct during the *Event* and are responsible for any damages, claims, or other costs caused by *Participant* or incurred as a result *Participant's* conduct; and
 - (5) if *Participant's* conduct is inappropriate, unsafe or detrimental to the *Event*, other participants or other persons, *Parish/School* or the *Diocese* may be suspend or expel *Participant* from the *Event* and future events.
- C. Unless this paragraph is struck and initialed by the undersigned, *Parents* authorize *Parish/School* and the *Diocese* to provide over-the-counter aspirin, pain relievers, cold medicine, and other over-the-counter medications to *Participant* at *Participant's* request if the *Parish/School* or *Diocese* deem it reasonable to do so. The *Parish/School* will make reasonable attempts to notify *Parents* prior to authorizing any such over-the-counter medication.
- D. In the event of an emergency or a situation that is reasonably considered to be an emergency, *Parents* authorize the *Parish/School* and the *Diocese* to seek and authorize emergency medical care to be given to *Participant* (for example, first aid, medication, anesthesia, or surgery). The *Parish/School* will make reasonable attempts to notify *Parents* prior to authorizing any such emergency care.
- E. *Parents* grant *Parish/School* and the *Diocese* permission:
 - (1) to photograph and video tape *Participant* during the *Event*; and
 - (2) to use the photographs and video tapes in publications and promotions of the *Parish/School* and the *Diocese*, including but not limited to publications such as websites, newsletters, advertisements, scrapbooks, and yearbooks.

F. To the extent permitted by law, *Parents*, for themselves and for *Participant*, release and agree to indemnify and hold harmless the *Parish/School*, the *Diocese*, and the *Transportation Provider* from any and all liability, claims, demands, and costs which may arise as a result of *Participant's* participation in the *Event* or which is, in any way, related to such participation. This paragraph covers loss under any theory of loss (negligence or otherwise) including but not limited to personal injury or property damage. *Parents* and *Participant* assume all risk of injury or loss to themselves or their property.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Participant signature: _____ Date: _____

Please provide the following information.

EMERGENCY CONTACT AND INSURANCE INFORMATION

In the event of an emergency contact: _____

Phone: _____

Alternatively, contact: _____

Phone: _____

Participant's Insurance Carrier: _____

Phone: _____

Address: _____

Copy of insurance card must be attached.

Date of last Tetanus Booster: _____

Participant has the following conditions (allergies, medical conditions, etc.): _____

Attach additional sheets if necessary.

Participant is currently taking the following medication: _____

Attach copies of prescription and any instructions related to the medication, including the amount and timing of dosages.

Special instructions or other information: _____

Office Notes