

St. Anthony Marie De Claret
Teen ACTS Retreat Registration
801 N. Burleson
Kyle, TX 78640
March 15-19, 2012

Name: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

Parent(family member): _____ Daytime Phone # _____

Parent Cell Phone # _____ Evening Phone # _____

Emergency Contact Name _____ Phone #: _____

Are you currently taking medications that we need to know about? _____

Do you have any special medical condition or dietary needs? _____

The cost for Parishioners is \$150.00, and non-Parishioners is \$165.00. Checks made payable to St. Anthony Marie de Claret Parish. A down payment of \$50.00 is requested and needs to accompany this registration form.

- Parishioner
 Non-Parishioner

Cash:	Check #	Amount Paid:	Balance Due:

For more information, please contact:

<u>Dottie Armstrong – Director</u>	<u>512-694-3663</u>	<u>dottie@armstrongaviationinc.com</u>
<u>Erik Cortez – Teen Director</u>	<u>(512) 757-3545</u>	<u>erik.cortez32@yahoo.com</u>
<u>Henri Daywood - Co-Director</u>	<u>(512) 825-8649</u>	<u>alohahenri@yahoo.com</u>

Catholic Diocese of Austin/St. Anthony Marie de Claret
PARENTAL CONSENT AND EMERGENCY MEDICAL RELEASE FORM
Teen ACTS retreat March 15-18, 2012

I/We, the parent(s)/guardian(s) of _____ do hereby give my/our permission and approval for my/our/ son/daughter/guardianship to participate in Teen ACTS retreat on March 17-20 2011 with the St. Anthony Marie de Claret Youth Ministry program. I/We do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone this event, other participants, our parish, the Catholic Diocese of Austin, the Highland Lakes Retreat Center, and any of the above named parities' representatives, successors, supervisors, sponsors, and/or organizers, for any injuries in connection with the outing/event(s) named above, provided that said injuries are not the results of gross, willful negligence.

I/We likewise release from liability any person(s), airline, bus company, or other transportation service, transporting my child, in a privately owned and/or leased vehicle, to and from any activities connected with the above named event(s), with the exception of gross negligence due either fully, or in part, to mechanical failure and/or operator error. I/We also give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events named above. I/We understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I/we cannot be contacted, I/we hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child as deemed medically necessary. Unless otherwise instructed, it is permissible that my/our son/daughter/guardianship be given aspirin/pain medication/cold medicine by either medical personnel or other adults responsible during this event.

I/We also agree that I/we am/are legally responsible for all/any personal actions taken by my/our child/guardianship during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship.

Furthermore, I/we agree that if the above named student's behavior is inappropriate, unsafe and/or detrimental to the group, I/we will be contacted immediately to secure means of removing my/our child/guardianship from the event premises. I/we understand that any financial costs incurred as a result of my/our child/guardianship being sent home are my/our responsibility. Additionally, I/we give permission for my/our son/daughter/guardianship to be photographed during activities associated with the above-mentioned event. I/we understand that said photos/videos may be used for future publicity within the parish, Diocese, and/or Catholic Church.

Parent/Guardian signature: _____

Date: _____

Printed Name: _____

Relationship: _____

Name of Parish: _____

Name of Youth Minister: _____

In signing this form, I certify that all information contained herein is true and accurate to the best of any knowledge.

Participant's Signature: _____

Date: _____

In signing the above line, I agree to abide by any/all policies and rules established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense. Basic rules/expectations include, but are not limited to, the following: Respect for all adult leaders, young adults, peers, and all property; NO illegal drugs, alcohol, underage smoking, firearms, explosives, or other illegal substances; Males and females are to remain in separate sleeping spaces at all times; No inappropriate physical/sexual activity; Appropriate attire is to be worn at all times. Other guidelines may be set forth accordingly by adult chaperones present for the event(s). Requested information on both sides of this form must be filled in completely in order for the student to participate in this event.

Name of Student: _____ Date of Birth: _____

Address: _____ Home
phone#: _____

Participant's Social Security Number : _____ (required for treatment
in most Hospitals.)

Father/ Guardian's full name:

Social Security Number: _____ Phone
#: _____

Home address:

Place of business/address: _____ Phone
#: _____

Mother/ Guardian's full name:

Social Security Number: _____ Phone
#: _____

Home address:

Place of business/address: _____ Phone
#: _____

Name & Relationship: _____ -

Phone #: _____ Insurance Carrier:

Insurance Policy Number:

Insurance is provided by which parent and/or place of employment?

Address and Phone Number of Company:

Photocopy of the Insurance Card must be attached to this form.

Medication (and dosage) my son/daughter is currently taking:

PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION/NOTE SHOULD BE ATTACHED TO THIS FORM.

Other special considerations to be aware of (i.e.: allergies, medical conditions, etc...):

Date of last Tetanus Booster:
