

Teen Acts Retreat

June 13th-16th

Cost: \$180 online

Location: Camp Kappe

Join us for the first ever Teen Acts Retreat held for St. John Vianney! What's so special about this retreat is that it is almost entirely student led, which creates a very unique and totally different environment from anything that you have probably experienced before. Since this is our first year we have a group of almost 25 students that are coming from outside of the parish to minister to us.

ACTS has been a staple in our adult community here at St. John Vianney for a number of years but now we are finally able to offer it for our teens. This is not something you are going to want to miss out on, many people who have participated in ACTS retreats can point to it as being the event in their lives that really ignited their faith for the first time. Many others will tell you that the experience drew them back to God. It's also one of the best community building experiences you can go on and as a bonus it's also a lot of fun.

This retreat is open to all rising 8th graders through seniors. If you are graduating from High School unfortunately you are not going to be able to go with us. Registration is first come first served, and there are only 20 spots for guys and 20 spots for girls. We expect registration to fill up fast so don't miss your chance!

If you have any questions please reach out to Sean Strasma at sstrasma@stjohnvianney.org

If any of your family members or friends have been on an ACTS retreat please let us know who they are and how we can contact them:

Name:

Cell Number:

Archdiocese of Galveston-Houston | Office of Adolescent Catechesis and Evangelization

PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Participant's Name: _____ **Date of Birth:** _____

Home Address: _____ **City/Zip Code:** _____

Parent(s)/Guardian(s): _____

Home Phone: (____) _____ **Alternate Phone:** (____) _____

Parish or Catholic School: _____ **Grade:** _____ **Age:** _____ **Sex:** _____

Email Address: _____

T-Shirt Size (Please Select one): Small Medium Large XL 2XL 3XL 4XL

CONSENT & LIABILITY WAIVER

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.
(If participant is 18 years of age or older, consent must be signed by the individual)**

I (name of parent/guardian) _____, grant permission for my child, (participant's name),
_____ to participate in (event) **Teen Acts Retreat**
to be held (date) **June 13-16** (time) **All Day** at (location) **Camp Kappe**.

In consideration of my child's participation in this event, I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns to indemnify, hold harmless and defend the Archdiocese of Galveston-Houston, the sponsoring parish, its pastor, youth ministry leader, principal, other agents, employees or other representatives associated with the event from any and all injuries, losses or claims arising out of my child's participation in the event.

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

Signature (Parent/Guardian)

Date

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies and rules established for this event/activity (see Code of Conduct). 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.

Signature (Youth Participant)

Date

VIDEO/PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video etc.) in highlighting the event.

Signature (Parent/Guardian)

Date

Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor and I understand that all financial obligations are my responsibility.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship _____ Phone _____

Family Doctor _____ Phone _____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows

My child is taking the following medication at the present time.

Medication(s): _____ Dosage: _____

Administer: _____

_____ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription, to be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information

(Archdiocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

- Has had an episode of the following or has been diagnosed: ___ Seizures ___ Asthma ___ Diabetic
- Allergic reactions to the following (foods, dyes, latex etc.) _____
- Has had a medical surgery within the last six months? ___ Yes ___ No still under doctor's care? ___ Yes ___ No
- Has a medically prescribed diet? _____
- The following physical limitations? _____
- Immunizations current and up to date: ___ Yes ___ No Date of last tetanus/diphtheria immunization _____
- You should also be aware of these special medical conditions of my child (e.g. depression, anxiety, etc.): _____

Insurance Information: _____ No, I do not carry medical insurance at this time.

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____ Day Phone: _____

Mother's Name: _____ Day Phone: _____

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself). I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

Signature (Parent/Guardian) Parent/Guardian must sign for anyone under 18 years of age. Date

Signature (Participant 18 years of age or older must sign own consent) Date