

# YOUR INVITATION TO A TEEN A.C.T.S. RETREAT

*"KEEP ME, O GOD, FOR IN YOU I TAKE REFUGE." PSALM 16:1*

Sponsored by ST. MARY'S CHURCH OF THE ASSUMPTION

We would like to invite all High School Teens to join us for a life-changing weekend. This experience will take place June 27 – June 30, 2019, at Three Mountain Retreat Center, Clifton, Texas. The retreat weekend gives teens the opportunity to deepen their relationship with Jesus Christ and to build lasting friendships with members of their faith community.

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Teen's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade (2018-2019) \_\_\_\_\_

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Teen's Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail Address \_\_\_\_\_

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Teen's Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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School \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

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

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Parent/Guardian's Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

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What is your religious affiliation/denomination? \_\_\_\_\_ To which Parish/Church do you belong? \_\_\_\_\_

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List any special dietary, medical, or other needs for the retreat weekend \_\_\_\_\_

Please return the forms and deposit to:

**St. Mary's TEEN ACTS**  
**P.O. Box 355**  
**West, TX 76691**

- † **Cost:** \$150.00      **Deposit:** \$50.00 (Non-refundable)      **Payable to:** TACTS
- † **Applications for this retreat will be accepted beginning January 3, 2019. They will be accepted until Wednesday, June 1, 2019. Deposit must accompany the registration form. Payment in full must be received by June 1, 2019.**
- † This is a co-ed retreat and space allows for 30 retreatants. (15 boys/15 girls) Please note that the parental consent/medical release & Three Mountain Retreat Center Medical Information forms must be submitted with this registration form. **Forms and fee can be mailed to St. Mary's TEEN ACTS Box 355 West, TX 76691.**
- † Registrations forms will EXPIRE after June 27, 2019. There will be NO waiting list for the next TACTS retreat. If a teen is unable to attend the retreat, the teen will need to re-submit a new form prior to the next TACTS retreat. However, the deposit will remain valid for the following retreat.
- † No one will be denied due to finances.
- † You will receive a letter prior to the retreat with more information and suggestions on what to bring for the weekend.

For more information or questions contact Annette Ballew (254) 749-4151.

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(Do not write below this line)

**Date Application Received:** \_\_\_\_\_ **Date Deposit Received:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Catholic Diocese of Austin**  
**PARENTAL CONSENT AND EMERGENCY MEDICAL**  
**RELEASE FORM**

*St. Mary's Teen ACTS June 27-June 30, 2019*  
*Three Mountain Retreat Center*

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 the Teen ACTS Retreat on June 27-June 30,2019 with St. Mary's parish 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 Three Mountain Retreat Center, and any of the above named parties' 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 result 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 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.

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name of Parish:** \_\_\_\_\_

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

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**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, 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 #: \_\_\_\_\_

Relative or friend to contact if unable to reach parent/guardian in the event of emergency:

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: \_\_\_\_\_

A photocopy of the Insurance Card must be attached to this form.

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

\_\_\_\_\_

\_\_\_\_\_

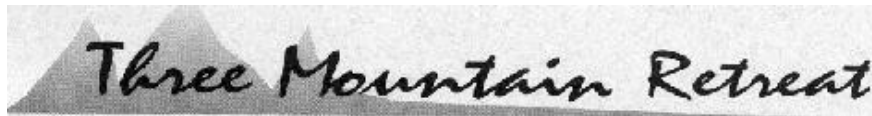
PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS.  
PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.

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

\_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_



1648 FM 182 Clifton, TX 76634-5101 254-675-3188

Medical Information Sheet

Campers may not be admitted to camp without this form completed and signed by parents and/or guardians.

Camper's Name Address City Zip

Camper's Social Security No. Birth Date Age Sex

Camp Dates Church / Organization

Parent's/Guardian Full Name Phone

Address City State Zip

Insurance Co. Name of Insured Policy Number

Family Physician Office Phone

Please furnish the most recent DATE your camper had immunization, booster or infection:

DPT MMR Polio-Oral TB Skin Test Tetanus Shot Other

List ALLERGIES (Medications, food, environmental, and type of reaction)

Any other medical conditions/concerns (e.g., diabetes, asthma, seizures)

LIST ANY PRESCRIPTION MEDICATION that your child will need to take while at camp:

Please be sure any medication (both prescription and non-prescription) your camper brings is in ORIGINAL CONTAINER and that instructions for administration are documented if different than as labeled on container.

Are there any special restrictions for your child? No / Yes:

Is any special supervision needed? No / Yes:

List below phone numbers and persons who should be contacted if the camp office is unable to reach parents:

Name Phone Relationship

Name Phone Relationship

Camp personnel are on duty at all times to administer first aid and common non-emergency medical treatments. A hospital with emergency room facilities is also available for the camp. Please be specific and thorough about camper's shots and/or medications. All medication that needs to be administered to a camper (both prescription and non-prescription) must be given to the designated camp personnel and must be in its original container, well identified, and have instructions for administration. The leaders of the rental group are responsible for securing any medical care needed by any member of the group while in attendance at Three Mountain Retreat.

I understand the risk of injury that can result from activities and/or services offered at Three Mountain Retreat. In consideration of acceptance for participation in same, I do voluntarily and knowingly execute this release, waiving all claims, action, demands or rights to monetary judgment from Three Mountain Retreat or its staff or the sponsors or staff of \_\_\_\_\_, for any and all injury, illness or physical harm which arises from his or her attendance at Three Mountain Retreat and/or participation in any program or activity sponsored by or supervised by any of the above named entities.

In case of medical or surgical emergency, I hereby give permission to the physician selected by the rental group leaders to hospitalize, secure necessary treatment and to order injections, anesthesia or surgery as the physician may deem appropriate for my child named above. I agree that any charges for these services are my sole responsibility. In case medical treatment is needed at the local clinic or hospital, I authorize the camp leaders to transport my child in the manner in which their best judgment dictates.

In addition, any photo of me or my dependent taken at Three Mountain Retreat can be used by Three Mountain Retreat for publicity purposes, either on their web site or in printed material.

Date Parent or Guardian MUST SIGN