NOTRE DAME CATHOLIC CHURCH

Teen ACTS Retreat

Deadline is March 29th or until retreat is full

First Name: _____ Last Name: _____
Address: _____City: _____State: _____ ZIP: _____
Home Phone: _____ Parent cell phone: _____
High School Grade: _____ (freshman/sophomore/junior/senior) School: _____
Person to Contact in case of an emergency:
Name: _____
Relationship: _____Phone Number: _____
Name and denomination of church of which I am a member: _____
Parent/Guardian name: _____
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PARENTAL/GUARDIAN CONSENT AND LIABILITY WAIVER

Minor Participant's Name: _____
Birth date: _____ Sex: _____

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 parish employees and/or volunteers from Notre Dame Catholic Church. A brief description of the activity follows:

- **Type of Event:** Weekend Retreat
- **Date of the Event:** April 15th-18th
- **Cost:** $130.00
- **Emergency Telephone Number:** 830-890-6069 (Jamie's cell phone)
- **Destination of Event:** Camp Tecaboca
- **Individual in Charge:** Jamie Young
- **Estimated time of Departure:** April 15th, 5:00 p.m.
- **Estimated time of return:** April 18th, before the 11:00 a.m. mass
- **Mode of transportation to and from event:** School bus.

As the parent and/or legal guardian, I remain legally responsible for any personal actions taken by my son/daughter name above. I agree on behalf of myself, my child named herein, our heirs, successors and assigns to hold harmless and defend Notre Dame Catholic Church, its officers, directors, agents, and the Archdiocese of San Antonio from any and all liability for illness, injury or death arising from or in connection with my child attending the above named event an I agree to compensate the parish, its officers, directors, and agents and the Archdiocese of San Antonio, 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 Treatment: In the event of an emergency, I hereby grant permission to transport my child to a hospital for emergency medical treatment. _____ Yes _____No Any known allergies: _____
I wish to be advised prior to any further treatment by the hospital or doctor. ____Yes ____ No

Family Doctor: _____ Phone Number: _____

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

- Insurance Carrier: _____ Policy Number:_____

_____ _____
Signature of Parent or Guardian Date
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