

\$125 due 10/31/2021

Consentimiento de los Padres de un(a) Joven para Participar en una Actividad, Liberación e Información Médica de Emergencia

Nombre del Participante: _____

Nombre de los Padres: _____
por sí mismos, sus herederos, albaceas y administradores.

Evento: **Retiro de Confirmación**

Parroquia/Escuela: Santa Cruz, St. Anthony Marie de Claret & St. John the Evangelist ubicada en Buda, Kyle, & San Marcos (ciudad), Texas, una corporación sin fines de lucro en Texas, incluyendo su facultad, empleados, contratistas, miembros del clero, agentes, facilitadores y voluntarios.

Diócesis: La Diócesis Católica de Austin, una corporación sin fines de lucro en Texas, incluyendo sus empleados, contratistas, miembros del clero, sus agentes, facilitadores y voluntarios.

Proveedor de la Transportación: **Los padres proporcionarán el transporte** (nombre)

- A. Quienes firman al calce representan que son los *Padres* o tutores legales del *Participante* y tienen plena autoridad en el derecho a firmar este documento.
- B. Los *Padres* conceden su permiso para el *Participante* para registrarse y participar en este *Evento*.
- C. Los *Padres* reconocen y aceptan que:
- (1) el *Participante* y los *Padres* voluntariamente desean participar en el *Evento*,
 - (2) el *Evento* puede implicar la actividad física que implique riesgo de lesiones;
 - (3) el *Participante* cumplirá con todas las políticas y normas establecidas para el *Evento* y las instrucciones de las personas para facilitar, organizar o supervisar el *Evento*;
 - (4) el *Participante* y los *Padres* son responsables de la conducta del *Participante* durante el *Evento* y son responsables de los daños y perjuicios, demandas, u otros costos causados por el *Participante* o incurrida como resultado de la conducta del *Participante*, y
 - (5) Si la conducta del participante es inadecuada, peligrosa o perjudicial para el evento, para los demás participantes u otras personas, la Parroquia / Escuela o la Diócesis pueden terminar la participación del participante en el evento y en eventos futuros.
- D. A menos que este párrafo sea tachado y e inicialado por los que firman, los *Padres* autorizan a la *Parroquia/Escuela* y a la *Diócesis* proporcionar al participante aspirinas, analgésicos, medicinas para el resfriado, y otros medicamentos de venta sin receta, a petición del *Participante*, si la *Parroquia/Escuela* o *Diócesis* consideran razonable hacerlo. La *Parroquia/Escuela* hará esfuerzos razonables para notificar a los padres antes de autorizar cualquier exceso de tales medicamentos de venta sin receta.
- E. En el caso de una emergencia o una situación que se estime de emergencia, los *Padres* autorizan a la *Parroquia/Escuela* y la *Diócesis* a buscar y autorizar la atención médica de emergencia que se dará al *Participante* (por ejemplo, primeros auxilios, medicamentos, anestesia, o cirugía). La *Parroquia/Escuela* harán esfuerzos razonables para notificar a los *Padres* antes de autorizar cualquier atención de emergencia.
- F. Los *Padres* otorgan a la *Parroquia/Escuela* y a la *Diócesis* el permiso de:
- (1) fotografiar y vídeo grabar al *Participante* durante el *Evento*, y
 - (2) a utilizar las fotografías y cintas de vídeo en las publicaciones y promociones de la *Parroquia/Escuela* y la *Diócesis*, incluyendo pero no limitándose a las publicaciones tales como sitios de internet, boletines informativos, anuncios, álbumes de recortes, y anuarios.

G. En la medida permitida por la ley, los *Padres*, por sí mismos y por el *Participante*, liberan y se comprometen a indemnizar y a eximir de responsabilidad a la *Parroquia/Escuela*, la *Diócesis*, y la *Compañía de Transporte* de cualquier y toda responsabilidad, reclamos, demandas, y los costos que puedan surgir como resultado de la participación del *Participante* en el *Evento* o que es, de alguna manera, en relación con dicha participación. Este párrafo abarca la pérdida bajo cualquier teoría de la pérdida (por negligencia u otra forma), incluyendo pero no limitada a, lesiones personales o daños materiales. Los *Padres* y el *Participante* asumen todos los riesgos de lesiones o pérdidas por daños corporales o daños materiales.

Firma del Padre/Guardián: _____ Fecha: _____

Firma del Padre/Guardián: _____ Fecha: _____

Firma del Participante: _____ Fecha: _____

Por favor proporcione la siguiente información.

CONTACTO DE EMERGENCIA E INFORMACIÓN DE SEGURO MÉDICO

En el caso de una emergencia llame a: _____

Teléfono(s): _____

Contacto alternativo: _____

Teléfono(s): _____

Compañía del Seguro Médico del *Participante*: _____

Teléfono: _____

Dirección: _____

Deberá adjuntar copia de la tarjeta de seguro médico.

Fecha de la última vacuna contra el Tétanos: _____

El participante tiene las siguientes condiciones (alergias, condiciones médicas, etc): _____

Agregue una hoja adicional si es necesario.

El participante está tomando los siguientes medicamentos: _____

Adjunte copias de la receta y las instrucciones relacionadas con el medicamento, incluyendo la cantidad y el horario de dosis.

Instrucciones especiales u otra información: _____

Notas de la Oficina



Required completion for all T Bar M Camps & Retreats Guests

™ Acknowledgment and Assumption of Risk

I, the undersigned, hereby give permission for myself and/or all minor children (Participant) named below to participate in activities, including, but not limited to, off campus activities. I, the undersigned on behalf of myself and the Participant, acknowledge that during participation in program activities, certain risks and dangers may occur. I, the undersigned on behalf of myself and the Participant, understand that Center for Christian Growth, Inc. dba T Bar M Camps and Retreats (T Bar M) activities range from mild to strenuous and, like all recreation, they include inherent and other risks and dangers, which include but are not limited to the hazards of depending on other people, activities at various heights above ground, and the forces of nature, which can cause loss or damage to personal property, physical or psychological damage and/or bodily injury such as sprains, breaks, cuts, bruises, emotional trauma, illnesses, exposure to a communicable disease such as COVID-19, Coronavirus, or similar contagion, and the possibility of serious injury or death.

I, the undersigned on behalf of myself and the Participant, understand the activities and their risks. I, the undersigned, acknowledge that I, the undersigned on behalf of myself and the Participant will be able to ask questions of T Bar M staff regarding risks or dangers associated with T Bar M's activities and environment (which may take place on the premises of T Bar M, a hosting church, or school). I, the undersigned on behalf of myself and the Participant, acknowledge that the Participant's participation in any activity is voluntary and Participant may decline to participate in any activity. I, the undersigned, on behalf of myself and the Participant, acknowledge and assume all risks of participation in T Bar M activities, inherent and otherwise, and whether or not described above or in the materials provided by T Bar M. While participating, I, the undersigned on behalf of myself and the Participant, agree that the Participant must abide by all the policies and procedures set before them in order to maintain the utmost level of safety.

™ Agreement of Release and Indemnity

Further, in consideration of the right to participate in T Bar M Activity, to the maximum extent allowed by law, I, the undersigned on behalf of myself and the Participant, release and agree not to bring any cause of action against Center for Christian Growth, Inc. dba T Bar M Camps and Retreats (T Bar M), its owners, directors, employees, associates, medical personnel, contractors or any related parties (the 'Released Parties') for liability or claims of any nature, including loss or damage to property, personal injury, exposure to communicable disease, such as COVID-19, Coronavirus, or similar contagion or death, suffered by Participant in an any way related to Participant's enrollment, participation in, or transportation related to a T Bar M Activity. In addition, I, the undersigned on behalf of myself and the Participant, agree to indemnify the Released Parties (that is defend them, including satisfaction of liabilities, costs and attorney's fees) from claims brought by Participant, members of Participant's family and any other person arising out of Participant's participation in, or transportation related to a T Bar M Activity. The claims which are the subject of these agreements of release and indemnity include those arising from the negligence of any Released Parties, except not where caused by a gross negligence or willful misconduct of the Released Parties. The activities intended to be covered by this Agreement of Release and Indemnity include activities on or off T Bar M premises, including transportation to and from T Bar M activities and on the T Bar M grounds or any premises utilized by T Bar M for any of its activities. In the event of any emergency, I hereby give permission to T Bar M staff or a member of my group to call 911.

I understand that while participating in normal activities, I may be photographed/videotaped and that these photos and/or video footage may be used for promotional purposes.

Participant Name

Signature

(Parent / Guardian must sign for participants under 18)

Date

For more information about our staff, activities, and what to bring, log onto www.tbarmgroups.org

Medical Questionnaire

To be filled out by participant or parent/guardian if under 18:



Name of participant: _____

Sex: _____ Birthdate: __/__/_____

Home Address: _____ City: _____ State: _____ Zip: _____

In an emergency notify: _____ Best Contact Number: (____) _____

Relationship: _____

Participant Medical History – Circle the appropriate response and describe YES answers in space provided

Have you had or do you currently have any heart problems including strokes, heart attacks, and/or heart related diseases? _____ YES NO
Do you frequently suffer from pains/pressure in your chest? _____ YES NO
Do you often feel faint or have spells of severe dizziness? _____ YES NO
Has a doctor ever told you that you have high blood pressure? _____ YES NO
Are you a smoker? _____ YES NO

(NOTE: If you have had any heart related problems, you will need to have a release statement from a physician in order to participate in activities.)

Do you have arthritis, joint or back problems that might be aggravated by exercise? _____ YES NO

Have you had any operations, serious injuries or illnesses? _____ YES NO
(dates) _____

Do you have any disabilities or communicable diseases? _____ YES NO

Are you allergic to any medicines, insects or pollen? _____ YES NO

Are you allergic to any foods? _____ YES NO

Do you have Asthma? _____ YES NO

Do you have Epilepsy? _____ YES NO

Do you have Diabetes? _____ YES NO

Do you have any prescribed meal plan or restrictions? _____ YES NO

Are you currently sick and/or using a medication not listed above? _____ YES NO

List any activities to be limited or prohibited:

_____ Suggestions or health related information T Bar M Camps & Retreats personnel should know?

_____ General Health Statement: *How is your health today?*

_____ Additional Information or Comments:

_____ Are you covered under hospitalization insurance? YES NO

Carrier _____ Policy # _____

In the event that I am unable to grant permission, I do give permission to the physician selected by the group leader to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for me.

Participant Name: _____

Participant/Parent Guardian Signature: _____ Date: _____

St. Anthony Marie De Claret Kyle, TX
November 6-7, 2021 Confirmation Retreat Packing List

- Sheets and blanket OR sheets and sleeping bag for bedding. Teens will be sleeping on bunk beds in cabins.
- Pillow with pillowcase
- Towel
- Toiletries (soap, shampoo, toothbrush, toothpaste etc.)
- Pajamas/clothes to sleep in
- Clothes for Sunday (The retreat is all day Saturday and half the day Sunday)
- A sweater or light jacket. Fall nights in Texas can get chilly!
- One pair of closed toe shoes (tennis shoes) for the challenge course activity. No sandals, flip-flops, or crocs are allowed for the challenge course activities.
- Water Bottle
- Notebook/journal and pen

DO NOT BRING:

- Firearms, fireworks, explosives
- Drugs, alcohol, cigarettes, vape pens
- Snacks, drinks (other than water) - we will provide snacks for the teens. No food is allowed in the cabins in order to keep bugs out of the sleeping areas.

Cell Phone Policy

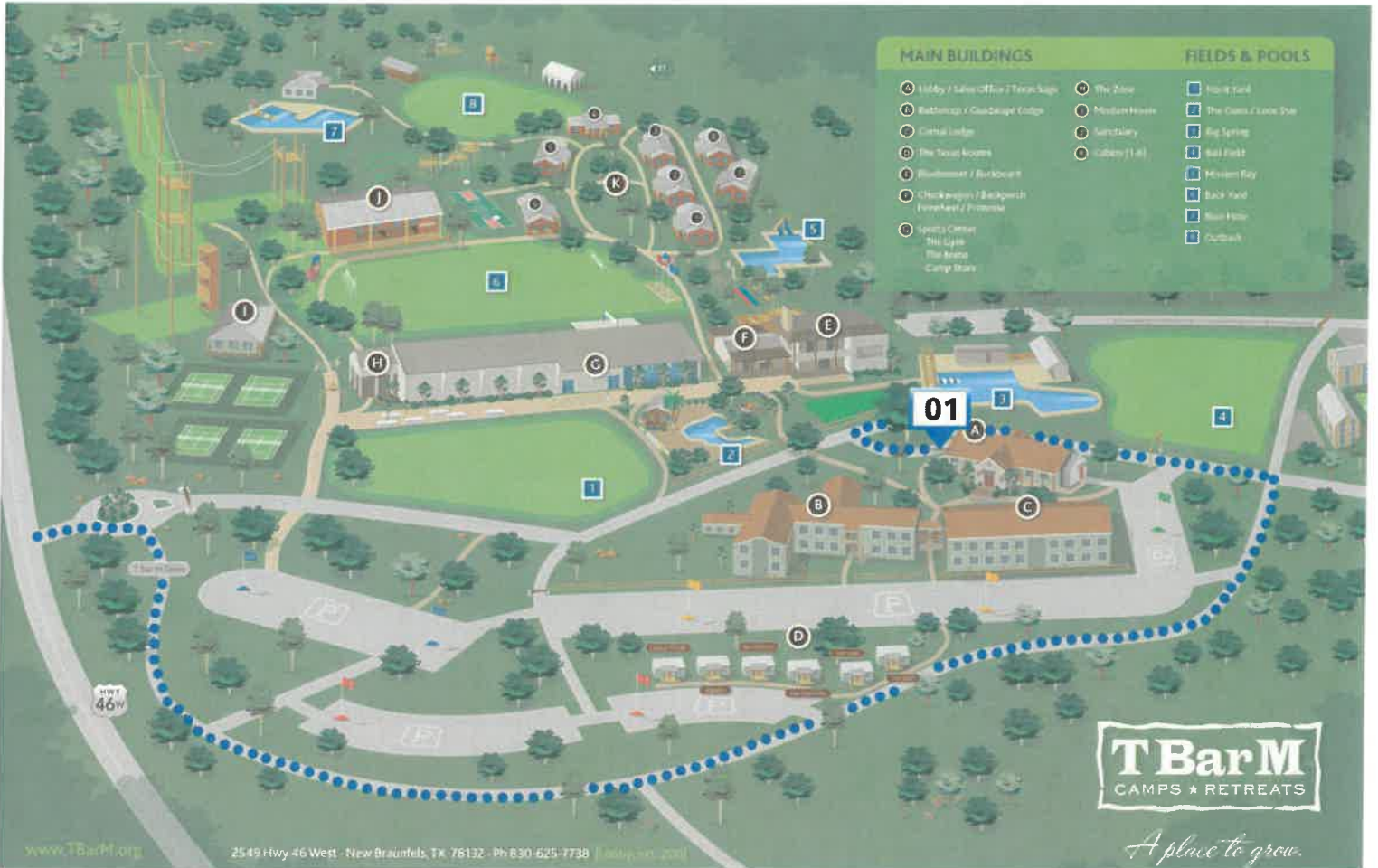
Teens will be allowed to bring their phones to the retreat, however, they will be asked to keep their phones in the cabins during the day. If an emergency arises and a teen needs to call their parent(s) they will be allowed to do so. If a teen is seen using their phone during the retreat outside the cabin, they will be asked to put it back in the cabin. If the teen does not comply, their phone will be taken by an adult chaperone and given to their parents at the end of the retreat. This policy is in place to ensure that the teens are able to experience all of the retreat without any distractions. We have really awesome and engaging activities planned for the retreat and we want all participants to be able to receive what the Lord has planned for them without the distraction or temptation of their cell phones. If you think that you will be distracted or tempted to use your phone at the retreat, please leave the phone at home.

Retreat Center: T Bar M Camps & Retreats
Address: 2549 TX-46, New Braunfels, TX 78132

Retreat Schedule November 6-7

Activities on the schedule are subject to change. Drop off and pick up times will remain the same.

SATURDAY	DESCRIPTION
7:00AM	Retreat Staff arrival at TBarM
8:30AM-9:15AM	Teens arrive at T Bar M (parent transportation)
9:15-9:45AM	Morning Prayer with Praise & Worship
9:45-10:15AM	Ice Breakers
10:15-11:15AM	Session 1: Why am I here?
11:15AM-11:30AM	Break
11:30AM-12:30PM	Session 2: Repentance/Reconciliation/Healing
12:30PM-1:45 PM	Confessions
1:15PM	Lunch
2:15PM-4:15PM	Challenge Course Activity
4:15PM-4:30PM	Break
4:45PM-5:00PM	Session 3: The Depths of God's Love
5:00PM-6:30PM	Free Time
6:30PM-7:45PM	Dinner
8:00PM-9:00PM	Mass
9:00PM-10:00PM	Adoration
10:15PM-11:00PM	Session 4: Committing to Jesus
11:00PM-11:30PM	Everyone to cabins for showers & lights out
SUNDAY	DESCRIPTION
8:00AM	Rise & Shine and Pack up
8:45AM-9:45AM	Breakfast
9:45AM-10:45AM	Morning Prayer with Praise & Worship
10:45AM-11:45AM	Session 5: Catholic & Proud
12:00PM-12:45PM	Clean cabins and meeting space
1:00PM-1:45PM	Teen's Testimonials (Parents are invited to attend)
2:00PM	All depart retreat center - parents pick up teens



T Bar M is located off Hwy 46. Once you turn into our property, veer **RIGHT** onto T Bar M Drive and follow the signs for **CHECK IN**, take a **LEFT** at the stop sign and enter the **MAIN GATE**. Continue through the gate and turn left into the check in circle in front of the **LOBBY**.

At the **LOBBY**, we'll be happy to check you in and direct you to the best place to park.

If you have any questions before or upon your arrival, please call **830.625.7738**