

Return form and \$40.00 fee to the parish office.

### 2021 St. Mary's Youth Day Retreat Registration & Liability Form

Participant's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Grade: \_\_\_ Sex:  Female  Male High School: \_\_\_\_\_

T-Shirt (Adult Sizes):  S  M  L  XL  XXL  3XL Religion: \_\_\_\_\_ Church: \_\_\_\_\_

Mother/Guadian's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my son/daughter, \_\_\_\_\_,  
(Parent/Guardian Name) (Teen's Name)

to participate in this parish youth ministry event. It may require transportation to locations away from the parish site. Transportation will be provided by approved drivers from St. Mary's Catholic Church. I also consent to the use of any videotapes, photographs, slides, audiotapes, or any other audio or visual reproduction in which my child's image may appear. I understand that these materials are used solely for promotion of youth ministry and St. Mary's Catholic Church. Such promotional activities extend to recruitment, fundraising, advocacy, etc... This activity will take place under the guidance and direction of parish employees and/or volunteers who have been properly trained to the requirements of the Archdiocese of San Antonio.

The Youth Day Retreat is a 1 day retreat for high school youth.

- The retreat is held at Camp Tecaboca, Mountain Home, TX. 830-866-3425
- The date is January 2, 2021.
- The cost of the retreat is \$40.00

As parent/legal guardian, I remain legally responsible for any personal actions taken by my son/daughter named above. I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend St. Mary's Catholic Church, its officers, directors, chaperones, agents and the Archdiocese of San Antonio from any liability for illness, injury or death arising from or in connection with my son's/daughter's participating in the above named event. I release the staff, volunteers, etc... from any liability connected with the use of photographs or voice recordings as part or similar activities, and I agree to compensate the parish, its officers, directors, and agents and the Archdiocese of San Antonio, or representatives associated with the event for reasonable attorney fees and expenses arising in connection therewith.

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Medical Consent and Permission to Treat for Youth ACTS Retreat

STUDENT: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

### ***Medical Consent and Permission to Treat***

My child is in the care of St. Mary's Church for the purpose of the 2020 Youth ACTS Retreat youth ministry. I am giving medical permission and consent to treat. In the event of an emergency, I give permission and consent to transport my son/daughter to a hospital for emergency treatment. I wish to be notified prior to any further treatment by the hospital or doctor.

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

My son/daughter, to the best of my knowledge, is in good health, and I assume all responsibility for the health of my child.

My son/daughter is taking the following medications with him/her and it is clearly labeled.

Directions for taking this medication, including dosage, frequency and storage are as follows:

I hereby grant permission for non-prescription medication (such as cough drops, aspirin, cough syrup, Tylenol, etc... to be given to my child if necessary. I grant my permission  Yes  No.

My son/daughter is allergic to the following:

My son's/daughter's immunizations are current and up to date.  Yes  No

Special dietary needs or concerns: \_\_\_\_\_.

My son/daughter has the following limitations: \_\_\_\_\_.

### ***Emergency Contact Information***

If you are unable to reach me, please contact:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Cell Number: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date