

# "Seek and You Will Find"

Luke 11:9

## Our Lady of Guadalupe Teen ACTS Retreat July 22 - 25, 2010

The Teen ACTS Retreat is a weekend retreat presented by lay Catholic. The goals of the Retreat are to provide an opportunity for the teens to focus on their faith and its application in their daily lives, to build purpose in their prayer life, and to cultivate friendship and fellowship among members of the community.

The Retreat will begin Thursday evening, July 22, 2010 at 5:30 p.m. with Check-In at Our Lady of Guadalupe's Parish Hall, and will be held at Eagle's Wings Retreat Center in Burnet, TX. Transportation to and from the retreat center is provided. The weekend will conclude with a "Welcome Home" Mass at Our Lady of Guadalupe Catholic Church at 11:30 a.m. on Sunday July 25, 2010. Families and friends are invited to a reception after Mass in the Parish Hall.

The cost of the retreat is \$125.00 which covers the accommodations and all meals for the weekend. To reserve your place, \$60.00 must be submitted with the Registration Form. The remaining \$65.00 is due at Check-in. Consent and medical release forms must be fully completed and attached to this form. You will receive a letter 8-10 days prior to the retreat describing necessities you should bring. If you need further information or have any questions, please contact one of the Directors listed below.

**PLEASE NOTE:** *Do not* let financial difficulties prevent you from attending this retreat. If you are in need of financial assistance, please contact one of us.

Sally Armonta, Director  
512-589-2711  
Armonta9@aol.com

Herb Mokarzel, Co-Director  
512-507-1643  
herbmok22@yahoo.com

Please fill out the bottom part of this form and return with registration fee to: Our Lady of Guadalupe Church, 1206 East 9th Street, Austin, TX, 78702  
Please make checks payable to Our Lady of Guadalupe Church. NOTE: all checks received will be cashed immediately.

### REGISTRATION FORM

|                  |  |               |               |
|------------------|--|---------------|---------------|
| Name             | Name as you want it to appear on your name tag |               |               |
| Address          | City/State                                     | Zip           | Date of Birth |
| Home Phone       | Cell phone                                     | T-SHIRT SIZE  |               |
| Parents Name     | E-mail Address                                 | Parish/Church |               |
| Address/Zip code | Home/Cell/Phone                                |               |               |

Any special dietary needs, allergies, medical, mobility or other needs for the retreat weekend?

**Name two family members or close friends you would like to have praying for you during this Retreat:**

| Name | Relationship | Phone | e-mail Address |
|------|--------------|-------|----------------|
| Name | Relationship | Phone | e-mail Address |

|                        |      |         |      |
|------------------------|------|---------|------|
| <b>Office use only</b> |      |         |      |
| Amount                 | cash | check # | Date |
|                        |      |         | time |

**Eagle's Wings Retreat Center**  
**P. O Box 248**  
**2805 Ranch Rd.**  
**Burnet, Tx. 78611**

**Parent/Guardian Medical/Liability Release Form**

Dear Parent or Guardian,

We are happy that your son/daughter will be participating in the activities at Eagle's Wings Retreat Center. For our records and for any possible emergencies that might arise while at the retreat center, we ask that you fill out and sign this form and this will act as a Medical and Liability Release. Please note that your signature is required in two (2) places. Please be sure all information is correct.

Participant Information

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_  
City/St. \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell# \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Mother's Address (if different than child) \_\_\_\_\_  
Father's Address (if different than child) \_\_\_\_\_  
Mother's Phone \_\_\_\_\_ Father's Phone \_\_\_\_\_  
(if different than child) (if different than child)

Parent/Guardian Permission

I hereby consent to participation by my son/daughter \_\_\_\_\_ in the activities at Eagle's Wings Retreat Center. I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice. I relieve the Eagle's Wings Retreat Center, Inc. its staff members and volunteers of all responsibility and consequence that may arise as a result of this treatment. I will not hold Eagle's Wings Retreat Center, Inc., its personnel, or volunteers liable in the event of injury. Further, I agree to accept financial responsibility as a result of scheduling medical treatment.

My child agrees to abide by all rules and regulations stated by Eagle's Wings Retreat Center, Inc., staff and volunteers. I understand that Eagle's Wings Retreat Center will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from this facility at my expense.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Participant's Signature \_\_\_\_\_

Medical and Emergency Information

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_ City \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Allergies \_\_\_\_\_ Current Medications \_\_\_\_\_  
Medical Condition we should be aware of \_\_\_\_\_  
\_\_\_\_\_

In case of emergency, please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Catholic Diocese of Austin  
*Our Lady of Guadalupe Parish*  
Austin, Texas

**PARENTAL CONSENT AND EMERGENCY MEDICAL RELEASE FORM**

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 at Our Lady of Guadalupe Church.*

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 Lady of Guadalupe Church*, the Catholic Diocese of Austin, ACTS Core 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.

Additionally, I/we give permission for my/our son/daughter/guardianship to be photographed during activities associated with the above-mentioned event. I/we understand that said photos/videos may be used for future publicity within the parish, Diocese, and or Catholic Church.

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

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

Name of Parish: \_\_\_\_\_ Name of Coordinator: \_\_\_\_\_

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: \_\_\_\_\_

Phone #: \_\_\_\_\_

Home address: \_\_\_\_\_

Place of business/address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mother/Guardian's full name: \_\_\_\_\_

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 or be on file with the Youth Minister

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 (ie: allergies, medical conditions, etc...) \_\_\_\_\_