

Teen ACTS Retreat

OPEN TO ALL HIGH-SCHOOL STUDENTS IN 9TH THROUGH 12TH GRADES WITHIN 2017/18 SCHOOL YEAR

From 5pm July 26 to 12:45pm Mass and Reception July 29, 2018

Bus leaves from St. Louis and goes to O'Dwyer Retreat House 15523 York Road, Sparks Glencoe, MD 21152

➔ PERMISSION FORM

Name of Participant (Print): _____

School: _____ 2018-2019 Year of School: SOPH JR. SENIOR COLLEGE FR

Address: _____

Work Phone: _____ Home Phone: _____

Mobile Phone: _____ Email address: _____

Birth Date: ___/___/___ Gender: Male Female T-Shirt Size: S M L XL

Parent's (or Legal Guardian's) Name: _____

Parent's Email: _____ Parent's Phone Number: _____

➔ RELEASE

As parent or guardian of my son/daughter, I do hereby agree to allow my son/daughter to participate in the activity described above. In consideration of the opportunity for my son/daughter to participate in the activity, the receipt and sufficiency of which are acknowledged, I knowingly and voluntarily on behalf of myself and my minor child do hereby agree to forever RELEASE, HOLD HARMLESS AND INDEMNIFY St. Louis Parish, the Division of Youth & Young Adult Ministry, the Roman Catholic Archbishop of Baltimore and his successors, a Corporation Sole, and all their affiliate organizations, and respective agents, employees, officers, directors, volunteers, and any officials, referees, and other participants (the Released Parties) from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury (including death) sustained in connection with or arising out of my son/daughter's participation in the activity. By my signature below, I acknowledge that my child's participation in the activity involves inherent risk of minor or serious injury, including permanent disability, death, and/or economic losses which might result from my child's actions or inactions, the negligence of others, the inherent risks of the activity, the rules of play, the condition of the premises, or of any equipment used. I have voluntarily elected to allow my child to participate, and I fully understand, appreciate, and hereby assume all such dangers and risks.

I understand that my child's participation in said activities may require a minimum level of fitness for safe participation, and that the Released Parties do not screen, medically or otherwise, individuals that participate in the activity. I acknowledge that it is my sole responsibility to make certain that my child is physically fit and healthy enough to participate in the activity.

I understand that the Released Parties do not provide medical treatment or medical, health or other insurance coverage for my child, however, I hereby grant permission for any staff member of the activity to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

➔ COST:

For those in Confirmation, Teen ACTS is an additional \$80 (You have paid \$190 already for Confirmation). For non-Confirmation students, the cost is \$250. Checks made payable to St. Louis CYM. Some scholarship funds available – *please do not let cost prevent you from attending*. Call or email Luisa Palting at the CYM office for details. (410) 531-6668 or lpalting@stlouisparish.org

→MEDICAL AND PRIVACY:

(Check one of the following:) I am covered by hospitalization and medical insurance under:
policy#: _____ issued by: _____

I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff member to provide the following over-the-counter drugs (or their generic equivalent) to my son/daughter if requested by my son/daughter (Check all that apply:)

Tylenol/Acetaminophen Benadryl Diphenhydramine Advil/ Ibuprofen

Imodium/ Antidiarrheal Neosporin/Antibody Ointment Pepto Bismol

Doses of such drugs will be provided in accordance with the instructions contained on the drugs' packaging.

ADD any other medical information concerning medication, allergies, illness, etc.:

ADD any dietary restrictions:

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the parish/school, Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants will not be identified, however, without specific written consent.). Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify an activity staff member. Please note that the Released Parties have no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

I HAVE READ THE ABOVE RELEASE AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

→CODE OF CONDUCT

✓I understand that my attitude and actions affect others. I will treat myself and others with respect. This includes my fellow retreat participants, chaperones, peer mentors, retreat directors and any other people I may encounter while on retreat. ✓I will respect the Christian values of this retreat in my language, dress and behavior. ✓I will respect the property of others by not taking anything that does not belong to me. I will take care of the facility which we are visiting. I understand that I am responsible for any damages that I may cause. ✓I will participate fully in all retreat activities and follow the directions of the retreat directors and chaperones. This includes being on time to all activities, adhering to the schedule and respecting the evening curfew. At no time will I leave the designated areas of the retreat. ✓I will not participate in any illegal or immoral activities. I will not purchase, possess, distribute nor consume alcoholic beverages, tobacco products or drugs. I will not possess weapons. I will refrain from any activity that could result in harm to myself or to others. ✓I understand that our dormitory spaces are separated for males and females. At no time should any participant or chaperone be in the dormitory reserved for the opposite gender. ✓I will follow any additional rules which arise during the course of the retreat. ✓I understand that this Code of Conduct is essential to helping our entire group to have a safe, fun and spiritually rewarding experience. If I violate this code, I may be sent home at my parents' expense and subject to any legal consequences of my actions.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Name of Parent/Guardian: _____