

**Blessed Sacrament Catholic Church  
Teen ACTS Retreat  
July 14-17, 2016**

NAME (First & Last): \_\_\_\_\_ NICK NAME: \_\_\_\_\_

HAVE YOU ATTENDED AN ACTS RETREAT? \_\_\_\_\_ IF YES, DATE: \_\_\_\_\_ HOSTING PARISH: \_\_\_\_\_

AGE: \_\_\_\_\_ MALE/FEMALE: \_\_\_\_\_ T-SHIRT SIZE (Adult sizes only): \_\_\_\_\_

HOME PARISH: \_\_\_\_\_ HIGH SCHOOL: \_\_\_\_\_ 2016-2017 GRADE: \_\_\_\_\_

HOME ADDRESS (Include city, State, Zip): \_\_\_\_\_

PARENT/GUARDIAN NAME(S): \_\_\_\_\_ PRIMARY PHONE: \_\_\_\_\_

SECONDARY PHONE: \_\_\_\_\_ PRIMARY EMAIL: \_\_\_\_\_

I, \_\_\_\_\_ give permission for my child, \_\_\_\_\_, to participate in this parish youth 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 the 2016 Teen ACTS Team from Blessed Sacrament Catholic Church. A brief description of this activity follows:

**TYPE OF EVENT:** Blessed Sacrament Teen ACTS Retreat  
**DATE AND TIME:** Thursday, July 14, 2016 – Sunday, July 17, 2016  
*Check In:* July 14<sup>th</sup> at 4:30pm (Blessed Sacrament Banquet Hall, 600 Oblate Dr., 78216)  
*Return Mass:* July 17<sup>th</sup> at the 5pm Life Teen Mass at Blessed Sacrament  
**LOCATION:** Mount Wesley Retreat Center – Kerrville, TX  
 Transportation to and from retreat center will be provided by a charter bus  
**DEPOSIT:** \$50 (*nonrefundable*) CHECKS PAYABLE TO "BLESSED SACRAMENT"  
**TOTAL DUE AT CHECK IN (Including Deposit):** \$180  
 Financial difficulties should not prevent anyone from attending the retreat  
**INDIVIDUALS IN CHARGE:** Eric Martinez & Amanda Shropshire (Adult Directors):  
 210.412.5397 & Kate Keck (High School Youth Minister): 210.824.7231 ext. 23

**\*PLEASE NOTE:** Registration will be taken on a first come, first serve basis. Priority will be given to those who have never attended an ACTS retreat. Deposits must be paid *at the time of registration to reserve a place*. Once the retreat is filled, individuals will be placed on a waiting list. You will receive an EMAIL prior to the retreat concerning important information about the retreat (including what to bring).

As the parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant. I agree on behalf of myself, my child named herein, our heirs, successors, and assigns to hold harmless and defend Blessed Sacrament Catholic Church, its officers, directors, agents, and the Archdiocese of San Antonio, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**\*\*\*PLEASE COMPLETE REVERSE SIDE\*\*\***

**FOR OFFICE USE ONLY**

Date received:	Cash	Deposit:
	OR Check #	Remaining balance:

**Blessed Sacrament Catholic Church**  
**Teen ACTS Retreat**  
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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**

I wish to be advised prior to any medical treatment by the hospital or doctor. **Yes / No**

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**If You Are Unable To Reach Me, Please Contact:**

Name: \_\_\_\_\_

Relationship to my child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD, FRONT AND BACK**

<b>INSURANCE CARRIER NAME:</b>	<b>INSURANCE POLICY NUMBER:</b>
My child is taking the following medication(s) (Please attach directions for taking this medication, including dosage, frequency on a separate sheet):	
I hereby grant permission for non-prescription medication (i.e., cough drops, cough syrup, Tylenol) to be given to my child if necessary: <b>Yes / No</b>	
I understand that aspirin will not be given to my child without my express permission. I hereby grant permission. <b>Yes / No</b>	
My child is allergic to the following medications, foods, plants, insects, etc.:	
My child's immunizations are current and up to date. <b>Yes / No</b>	
My child's last tetanus/diphtheria immunization:	
My child has the following physical limitations:	
My child experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bed wetting, etc. <b>Yes / No</b> If yes, please explain.	
My child has recently been exposed to a contagious disease or condition such as mumps, measles, chickenpox, etc. <b>Yes / No</b> If yes, please state the date and disease or condition.	
My child is suffering from a psychological condition in which may affect or limit his/her ability to participate in this activity. <b>Yes / No</b> If yes, please explain.	

**PARENT/LEGAL GUARDIAN SIGNATURE**

**DATE**