

ACTS is a Catholic retreat movement presented by parishioners for parishioners with the guidance of religious leaders. The goal of each retreat is to facilitate a deepening of our relationship with Jesus Christ, to renew ourselves spiritually, to give new meaning to our prayer life, and to build lasting friendships with members of our parish communities.

This ACTS retreat will begin on Thursday evening, July 12th and continue through the weekend ending with a 12:00 a.m. Mass on July 15th at St. Philip's the Apostle Catholic Church in El Campo. A luncheon for retreatants and their families will be provided at the Knights of Columbus Hall in El Campo following the noon mass.

The cost of the retreat is \$150. **Please see note below. Registration applications will be accepted beginning Friday, May 25, 2018, **BUT NOT BEFORE THAT DATE!**

Retreatant selection will be by lottery system from registration forms received by Monday June 22, 2018 Registration forms can be delivered or mailed to the St. Philip's Church office. Please make your checks payable to El Campo Deanery ACTS.

**Please note that financial hardship should not prevent anyone from attending the retreat. If you are unable to pay all or part of the fee, contact Jackie Watz 979-541-6963 or Michelle Korenek 979-541-3228 to make financial arrangements.

“Prepare the way of His steps”

Psalms 85:13

EL CAMPO DEANERY – TEEN ACTS RETREAT REGISTRATION

July 12-15, 2018

(Please Print Information Below)

Name: _____ Parish or Religious Affiliation: _____

Address: _____ Zip code: _____

Home Phone: _____ Work phone: _____ Cell phone: _____

E-mail: _____ T-Shirt Size: _____

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Emergency contact: _____ Relationship: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Family and/or friend contacts (please provide at least one other contact besides emergency contact above):

Contact #1: _____ Relationship: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Contact #2: _____ Relationship: _____

Home phone: _____ Work phone: _____ Cell phone: _____

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Will you have any special dietary or medical needs during the retreat weekend? [] Yes [] No

If yes, please specify needs: _____
Do you have difficulty climbing stairs, walking on unpaved or uneven surfaces; other mobility problems (e.g. use cane, walker, and wheelchair)? [] Yes [] No (Mobility challenges should NOT deter you from attending!)

If yes, please specify: _____
In order to provide the most accommodating arrangement for all retreatants, please provide your age (this request is voluntary and is intended to help facilitate retreatant needs): _____

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Please mail or deliver your registration application so it arrives to:

Teen ACTS Retreat
c/o St. Philip Catholic Church
304 W. Church St., El Campo, TX 77437
(or hand deliver to Blair or Jackie Watz/Ty or Michelle Korenek)

ELCAMPO DEANERY TEEN ACTS RETREAT
DIOCESE OF VICTORIA IN TEXAS
PERMISSION FORM/VEHICLE/MEDICAL RELEASE

Name _____ Sex _____ Grade _____

Address _____ City _____

St/Zip _____ Phone (_____) _____

Age _____ Birthdate _____ Parish _____ E-Mail _____

PARENT/LEGAL GUARDIAN'S NAME _____

Address (if different from above) _____

Phone: (_____) _____ Cell: (_____) _____

I hereby consent to participation by my son/daughter, _____ in the Teens ACTS Retreat (July 12-15, 2018) sponsored by the El Campo Deanery ACTS in the Diocese of Victoria. I understand that my son/daughter will be under the supervision of diocesan and/or parish personnel and volunteers. As the parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (participant). As parent or legal guardian I also agree to defend, indemnify and hold harmless El Campo Deanery ACTS, St. Philip the Apostle Catholic Church and the Diocese of Victoria, its' clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my son/daughter's participation in these activities.

I grant permission for non-prescriptive medication (e.g. Tylenol, throat lozenges, cough syrup, Pepto-Bismol, etc.) and routine non-surgical medical care to be given to my son/daughter if deemed advisable by the supervising diocesan personnel. I understand that all meds will be collected and disbursed by an adult staff member. (No meds should be in the possession of a retreatant with the exception of inhalers.) In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located.

Family Physician _____ Phone (_____) _____

Address _____

My son/daughter is allergic to: _____

Are Immunization Shots Updated: _____ Yes _____ No _____ Last Tetanus/Diphtheria Immunization _____

My son/daughter takes the following medication (name, dosage): _____

This medication is for: _____

Medication that my son/daughter is allergic to: _____

Any specific medical problems: _____

Any physical limitations: _____

IMPORTANT INFORMATION - PRINT CLEARLY - In an emergency, if unable to reach parent/guardian, please contact:

Name: _____ Work phone: (_____) _____

Home phone: (_____) _____ Cell phone: (_____) _____

Name: _____ Work phone: (_____) _____

Home phone: (_____) _____ Cell phone: (_____) _____

Name of Insurance Company: _____ Phone (_____) _____

Address _____ City/St/Zip _____

Name of Insured _____ Policy # _____

Group or Plan # _____

Personal Vehicle Travel Permission And Photo Disclaimer Permission
Form/Medical Release Addendum

I will not hold El Campo Deanery ACTS or any of the volunteer drivers responsible for any claims, costs or expenses for property damages, personal injuries or other damages arising out of my son/daughter's travel to events held by El Campo Deanery ACTS, St. Philip Catholic Church or the Diocese of Victoria. I assume the risk of injury in this event and give up any and all claims for damages I may have against El Campo Deanery ACTS, St. Philip Catholic Church, the Diocese of Victoria and/or others associated with this event.

Photo Disclaimer: I hereby give permission for my son/daughter to be photographed. I realize that the photo may be published in a newsletter or other publications and may be used for educational or informational purposes regarding the programs at the Diocese of Victoria.

PARENT/GUARDIAN SIGNATURE _____ DATE _____