

8th **Grade Spring Retreat**

**Camp Copass in Denton, TX**

**April 5th – April 7th**

**Fee: $120**

**Sign up by April 1st or until full**

**A retreat like no other you have experienced!**

We will focus on the importance of having a relationship

with Jesus, the love that He has for us,

and the love we are to show to all!

This weekend will give you the chance to

grow in your faith, spend time with friends

(& make new ones) and don’t forget...have lots of fun!

*We’re blessed to have a special group of teens from*

*our HSM Ministry*

*to help lead this weekend!*

**Meet: Friday, April 5th, at 5:30p.m at the Cenacle** *(St. Ann Center – under the clock tower)*

 ***Be sure to EAT Dinner before coming!***

Transportation to Camp Copass provided by First Student Inc.

**Return: Sunday, April 7th** - *We will be returning by 3:00pm*

**What to Bring:** Clothes appropriate for weather conditions. (*Please make sure all clothing is appropriate for a church retreat in style as well as any graphics or words.)* Also, bed linens (for a twin bed) or sleeping bag (with your name on it), pillow, bath items, shower shoes, towel, & **rosary.** You may also bring snacks**.**

**What Not to Bring:** Any illegal products, phones, electronics, or bad attitudes. **Bullying or Vandalism will not be tolerated & will result in immediate dismissal from the retreat.**

*Parents contact Mike if you would like to chaperone.*

**KEEP THIS SHEET FOR YOUR REFERENCE!**

# St. Ann 8th Spring Retreat 2019

**Release, Consent and Medical Info Form**

### Teen’s First Name Teen’s Last Name Date of Birth Gender M or F Email Address for Updates Emer. Contact during weekend

**If possible, my youth would like to be in the same cabin as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-Shirt Size YL S M L XL 2XL**

**I wish to Chaperone (must be cleared volunteer with St. Ann) Yes or No**

**If Yes, please fill out the following:**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-shirt Size S M L XL 2XL**

**PERMISSION TO TRAVEL**

I, grant permission for my child, to participate in the below described parish event and youth activities. A brief description of the activity follows:

Description of event: Date of event: Destination of event:

St. Ann 8th Spring Retreat

Apr. 5-7, 2019

Camp Copass in Denton, TX

Estimated time of departure and return: Check-in on Apr. 5th at 5:30 pm; Return Apr. 7th around 3pm. Mode of transportation to and from event: School buses

*\*If your child will not be on the buses to or from camp* please explain your special travel arrangements including estimated time of arrival or departure and who will be transporting your child:

### CONSENT TO PARTICIPATE AND LIABILITY RELEASE

I, the parent/guardian/conservator of grant permission for my son/daughter to participate in the 8th Spring Retreat, April 5th-7th, 2019 at Camp Copass.

I understand that as parent/guardian/conservator, I remain legally responsible for any personal actions taken by my son/daughter. I recognize the inherent risk associated with the various youth activities that my son/daughter will be participating in. I agree on behalf of myself, my son/daughter named herein, my heirs, successors, and assigns to indemnify, defend, and hold harmless St. Ann Catholic Church, Camp Copass, and the Roman Catholic Diocese of Dallas, their employees and/or volunteers from any and all claims (unless due to the Sole or Gross NEGLIGENCE of the Parish) for illness, injury, death, and the cost of medical treatment therewith, arising from or in any way connected with my son/daughter participating in this retreat at Camp Copass.

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this release, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, reasonable attorneys’ fees and expenses incurred by the prevailing party.

### AUTHORIZATION OF CONSENT TO TREAT MINOR

I, am the parent guardian or conservator of , a minor, and as such do hereby authorize St. Ann Catholic Church, its youth ministry leaders, employees, contractors and volunteers as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the laws of the jurisdiction where such diagnosis or treatment may be given, whether such diagnosis or treatment is rendered at the office of said physician, at a hospital, or at any other location. It is understood that this authorization is given in advance of any specific treatment or diagnosis, but is given to provide authority and power of treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Chapter 32 of the Texas Family Code. This authorization shall remain effective throughout the specific event dates listed above. In consideration of acceptance of this authorization, but without any time limitation and without any future right of revocation, I hereby release, defend and hold harmless the Parish, Sky Ranch, and Roman Catholic Diocese of Dallas (Diocese), their officers, directors, agents, employees, volunteers, youth ministry leaders, and contractors from all claims, liabilities and loss in any way arising out of or in connection with or relating to such treatment and treatment decisions.

### AUDIO/VISUAL RECORDING AND PHOTOGRAPHY CONSENT (Check one below)

On occasion, video recordings, audio recordings, photographic slides, and photographs are taken of children and youth during church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, advertisements and other printed media. As the State of Texas does not prevent audio or video recording or the photographing of children/youth *(with the exception of Senate Bill 1, Section 26.009, which deals specifically with school districts)*, it does encourage parental consent. Additionally, current video recordings and photographs assist law enforcement agencies dealing with the Missing Children’s Program.

**I consent / do not consent (check one)** to the use of such materials in which my child may appear. I release the staff and volunteers of St. Ann Catholic Church and the Roman Catholic Diocese of Dallas from any liability connected with the use of my child’s picture or audio/video recording as part of any of the above or similar activities.

### Youth Participant’s Name:

**Insurance Carrier:**

**Policy Number: Insurance ID Number:**

**TEEN CURRENT MEDICATION – Initial only one below**

 This youth takes no medication and will bring no medication with him/her.

 This youth takes medication/s and will self-medicate. He/she will bring all such medications necessary, and such medications will be clearly labeled. Names of medications and exact dosage and frequencies/times are as listed below:

 This child takes medication but we would prefer that an Adult Leader dispense medications. I understand that the adult to whom my child surrenders the medication may not have medical training. At the conclusion of the event it will be this child’s responsibility to pick up remaining medication(s), if any. Names of medications and exact dosage and frequencies/times are as listed below:

### “OVER THE COUNTER” MEDICATION PERMISSION – Initial one below

 **No medication of any type** whether prescription or nonprescription may be administered to this child unless the situation is life-threatening and emergency treatment is required.

 **I grant permission** for the following nonprescription medication to be given to this child:

Tylenol/Acet. Yes No

Advil/Ibuprophen Yes

No

Throat Lozenge Yes No

Antacid Yes No

Decongestant Yes No Antihistamine Yes No

Other Dosage

### Specific Medical Information

Allergic reactions (medications, foods, plants, insects, etc.)

Any physical limitations:

Any other special medical conditions of this youth that we should be aware of?

Name of Parent/Guardian/Conservator Phone Number

Address Mobile or Add ’l Phone Number

Signature of Parent/Guardian/Conservator Date Signed

Name of Additional Emergency Contact Phone Number