

TEEN RETREAT  
**PART "A"**

**TEEN ACTS RETREAT**  
Adoration, Community, Theology, Service  
Retreat Registration/Consent and Liability Waiver Form

**Please Print**

Minor Participant's Name: \_\_\_\_\_  
Home address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Minors E-mail Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ T Shirt Size (Adult Sizes) \_\_\_\_\_  
Sex: \_\_\_ Grade: \_\_\_ School: \_\_\_\_\_ Name of Parish \_\_\_\_\_  
Parent or Guardian's Name: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**You may publish my teens first and last name, on the prayer-line.**  Yes  No

I, \_\_\_\_\_ grant permission for my teen, \_\_\_\_\_ to participate in this youth ministry event including required transportation as required. This activity will take place under the guidance and direction of adult and youth volunteers of the ACTS Community.

The Teen ACTS retreats' goals are to deepen one's relationship with Jesus Christ through interaction of youth and adults including religious, spiritual, moral, and social issues, through prayer and scripture sharing, and through physical games and exercises.

The Teen retreat begins at the Slaton Mercy Center at 1225 West Division Street in Slaton on Thursday evening and ends on Sunday following the closing Mass and reception. **The cost for the retreatant is \$180.00. Teen ACTS Retreat is open to teens that have completed at least one semester of high school and in school at the time of the retreat.**

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 teen named herein, our heirs, successors and assigns to hold harmless and to defend the Slaton Mercy Center, its officers, directors and agents, the Diocese of Lubbock, and ACTS volunteers from any and all liability for illness, injury or death arising from or in connection with my teen attending the above named event and I agree to compensate the retreat center, its officers, directors and agents and the Diocese of Lubbock or representative associated with the event for reasonable attorney's fees and expenses in connection therewith.

Parent or Guardian Signature: \_\_\_\_\_

A prompt response is recommended because registrations are made on a first received, first served basis regardless of when your name was submitted or if you are prepaid. You will receive a letter two weeks before the retreat describing what you will need to bring for the retreat. **For further retreat or registration information, contact TACTS Liaison, Carlos Quintana, 806-778-6184.**

**PLEASE NOTE:** Financial difficulties should not prevent anyone from attending the retreat. If you are unable to pay the entire fee, financial arrangements can be made by contacting the TACTS Liaison Carlos Quintana, 806-778-6184.

Youth Signature: \_\_\_\_\_

Please mail your registration form (**PARTS A AND B**) to:

**ACTS Community of Lubbock**  
**C/O Carlos Quintana, TeenACTS Liaison**  
**6940 Elephant Rd,**  
**Lubbock, TX 79407**

**PLEASE INCLUDE THE FEE OF \$180.00**

**(A minimum deposit of \$75.00 is required to be put on the list; the entire \$180.00 is due before the retreat.)**

**Make checks payable to: Teen ACTS**

**If cancellation is made within one week of the retreat, \$50 of the retreat fee will be retained.**

## TEEN ACTS RETREAT

### MEDICAL CONSENT AND PERMISSION TO TREAT

To the best of my knowledge, my teen, \_\_\_\_\_, is in good health, and I assume all responsibility for the health of my teen. **Emergency Medical Treatment:** In the event of an emergency, I hereby grant permission to transport my teen to a hospital for emergency medical treatment. \_\_\_\_ **Yes** \_\_\_\_ **No** (Preferred Hospital \_\_\_\_\_)

I wish to be advised prior to any further treatment by the hospital or doctor. \_\_\_\_ **Yes** \_\_\_\_ **No**

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Pager:(\_\_\_\_) \_\_\_\_\_

If you are unable to reach me, please contact:

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

Relationship to me or my teen: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Please include a photocopy of your Insurance Card (front and back).**

- Insurance Carrier: \_\_\_\_\_ Policy Number \_\_\_\_\_
- My teen is taking medication and will bring all of the medicines in their original containers.
- I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) to be given to my teen if necessary: \_\_\_\_ **Yes** \_\_\_\_ **No**
- I understand that aspirin will not be given to my teen without express permission. I hereby grant such permission: \_\_\_\_ **Yes** \_\_\_\_ **No** My teen is allergic to the following (medications, foods, plants, insects, etc.) \_\_\_\_\_
- My teen's immunizations are current and up to date: \_\_\_\_ **Yes** \_\_\_\_ **No**
- My teen's last tetanus/diphtheria immunization: \_\_\_\_\_
- My teen has the following physical limitations: \_\_\_\_\_
- My teen has the following food allergies: \_\_\_\_\_  
fainting, bed wetting, etc. \_\_\_\_ **Yes** \_\_\_\_ **No** If Yes, please explain:  
\_\_\_\_\_.
- My teen has recently been exposed to a contagious disease or condition such as mumps, measles, chickenpox, etc. \_\_\_\_ **Yes** \_\_\_\_ **No** If yes, please state the date and disease or condition: \_\_\_\_\_.

My teen is suffering from a psychological condition which may affect or limit his  
her ability to participate in this activity. \_\_\_\_ **Yes** \_\_\_\_ **No** If yes, please explain.

\_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

# TEEN ACTS

ADORATION, COMMUNITY, THEOLOGY, SERVICE

## PARENTAL CONSENT FOR COMMUNICATION WITH CHILD/CONFIDENTIALITY GUIDELINES

I, \_\_\_\_\_, hereby authorize A.C.T.S. of Lubbock to communicate with my child/teenager, \_\_\_\_\_, via electronic communication (i.e. email/telephone/texts, etc...). I understand and agree that an adult team member who is actively involved and serving on the upcoming **TACTS Dates:** \_\_\_\_\_ may contact my child/teenager for the sole purpose of communicating TACTS information/business. I also hereby authorize TACTS to enroll/initiate communication via text messaging via a REMIND system, which is a one way text messaging application utilized to generate mass texts to registered Retreatants/teen team members by which my child/teenager will be notified of TACTS information, including but not limited to upcoming announcements, meetings, etc. Additionally, I understand that I may also request that I receive any text notifications from REMIND and will provide my information below should I so elect this option. Finally, I understand that I may revoke this authorization by providing a written revocation to the TACTS Liaison, Carlos Quintana. By signing this consent, I am verifying that I am the legal parent/guardian of \_\_\_\_\_ and have the legal authority to act on my child[s]/teenager[s] behalf.

Parent cell phone number: \_\_\_\_\_

Parent home email address: \_\_\_\_\_

### CONFIDENTIALITY GUIDELINES

During this retreat, your youth will have the opportunity to share/discuss personal information about themselves. In order to encourage Retreatant participation, T.A.C.T.S will strive to maintain utmost confidentiality. However, please understand that T.A.C.T.S. is subject to state law (i.e. Texas Family Code/Texas Mental Health Code/Texas Penal Code) which requires disclosure of certain information to the proper authorities, which concerns the safety and well-being of individuals, specifically minors, elderly, and/or developmentally disabled individuals). More particularly, allegations including, but not limited to sexual/physical abuse, medical neglect, physical neglect, endangerment to oneself or to other[s], etc. will be reported to the proper authorities. In such event, TACTS has a legal duty to notify law enforcement and Child Protective Services within 48 hours. Please be advised that we will make every effort to notify the primary caregiver (parent/legal guardian) so long as this notification does not endanger the well-being of the individual in question or others.

\_\_\_\_\_  
Teen Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date