



CARNIVAL OF SAINTS

St. Gabriel the Archangel's REACH retreat 2018

WHEN: April 7, 2018 2:00pm-9:00pm

Who: Youth in grades 3-5

WHERE: St. Gabriel Community Center

COST: \$20

ONLINE REGISTRATION: at www.getitliveitpassit.org

Contact: Michelle Buckley (mbuckley@stgabriel.org)

ALL IMPORTANT INFORMATION FOR PARENTS

All youth in grades 3-5 are invited to join us for a Carnival of Saints! We will explore Angels and Saints through fun activities, interactive presentations along with awesome food and fellowship. Dinner and snacks are provided. This retreat includes Mass and Adoration. All participants will receive a free retreat t-shirt!

What to bring/wear:

Closed toed shoes

Medication (must be turned in at check-in)

Clothes to be active in

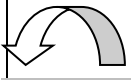
PLEASE KEEP THIS SHEET FOR INFORMATION





Event Name: REACH Spring Retreat
 Date: April 7, 2018 2:00pm-9:00pm
 Transportation: n/a
 Location: St Gabriel Community Center

Participant Information needed specifically for this program		
First Name:	Last Name:	Gender:
General Participant Information		
Home Phone:	t-shirt size: YS YM YL YXL AS AM AL AXL AXXL	
School:	Grade:	
Parent & Contact information		
Parent /Guardian 1:	P/G1 Cell:	
Email:		
I Can Volunteer! (Please circle) serve on retreat core team prepare snacks/meals chaperone during retreat		
Parent 2 or Emergency Contact:	P/G2 Cell:	
Email:		
Medical Information		
Medications: (List medications participant is bringing with him/her. - see note on back)	Over the Counter Medication Tylenol/Acet. YES NO Throat Lozenge: YES NO Antacid: YES NO Advil/Ibuprofen: YES NO Decongestant: YES NO Antihistamine: YES NO Other: _____ Dosage: _____	<input type="checkbox"/> No medication of any type may be administered to this child <i>[whether prescription or nonprescription] unless the situation is life-threatening and emergency treatment is required</i>
	Allergies, Concerns, Challenges (Learning challenges, social concerns, food and other allergies)	
Child is ALLOWED to self-medicate:	Child is NOT ALLOWED to self-medicate:	
Insurance Information - Is the teen covered under medical insurance? ___ Yes ___ No		
Insurance Carrier:	Insurance Phone:	
Policy Number & ID:		
Name of Holder:	Relationship:	
Permission to Participate and Travel		
I/We, the parent(s)/guardians(s)/conservator(s) listed on this form of the child listed on this form grant permission for my/our child, to participate in the above described parish event and youth activities. I/We have read and agree to the conditions outlined in this two page release:		
Parent(s) Signature	X _____	SS# _____ Date _____



See Second Page

CONSENT TO PARTICIPATE AND LIABILITY RELEASE

I / We, the parent(s)/guardian(s)/conservator(s) listed on this form for the child listed on this form grant permission for my son/daughter to participate in all youth activities and functions noted above. I understand that as parent(s)/guardian(s)/conservator(s), I remain legally responsible for any personal actions taken by my son/daughter. We recognize the inherent risk associated with the various youth activities that my son/daughter will be participating in. I / We agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to indemnify, defend, and hold harmless **St Gabriel Catholic Community – McKinney, TX** 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 and/or attending the various youth programs and activities during this formation year noted above. 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.



I have read this consent to participate and liability release, and I understand and voluntarily agree to its provisions.

AUTHORIZATION OF CONSENT TO TREAT MINOR

I/We, the parent(s) or guardians of the child listed on this form, a minor, and as such do hereby authorize **St Gabriel Catholic Community –McKinney, TX**, its 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 for up to one year from the date of completion of this form, unless sooner revoked in writing delivered to said agent(s). In consideration of acceptance of this authorization, but without any time limitation and without any future right of revocation, I/we hereby release, defend and hold harmless the Parish 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.



I have read this consent for medical treatment of a minor statement, and I understand and voluntarily agree to its provisions

MEDIA RELEASE - AUDIO/VISUAL RECORDING AND PHOTOGRAPHY CONSENT

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 / We consent to the use of such materials in which my child may appear, unless checked at the end of this paragraph. I release the staff and volunteers of **St Gabriel Catholic Community – McKinney, TX** 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.



I have read this consent for Media Release, and I understand and voluntarily agree to its provisions.

Note about Medications:

The child listed on this form will bring all such medications necessary, and such medications will be clearly labeled. I understand that the child will be required to turn all medication(s) over to a supervising adult designated to keep medication(s). I further understand that it will be this child's responsibility to present himself/herself at a location designated for returning medication(s) to this child at the frequencies/times listed below. I understand that the adult to whom this child surrenders the medication has no medical training and this adult will not measure dosages. This child will return the medication(s) to the adult after he/she self-medicates. At the conclusion of any event it will be this child's responsibility to pick up remaining medication(s), if any, at the self-medication designated location. Names of medications and exact dosage and frequencies/times will be provided. All Medical Information will be maintained in a strictly confidential manner. Should your child have an Emergency Injection Device (Epi-Pen), Diabetic Condition, Asthmatics with a rescue inhaler, or other special medical conditions, a separate sheet will need to be attached with a clear description as to the nature of the medical condition and any medication. This is important for situations where the youth is not able to self-administer these treatments and to communicate with Emergency Response Personnel. Ministry leaders, volunteers, and other parish personnel are NOT trained to administer these types of emergency medications.

Acknowledged Expectations of Code of Conduct for all registered participants

Expectations: Every youth and adult will treat each other with respect, and conduct themselves in a manner that positively represents St. Gabriel Catholic Community and the Catholic Church. Any drug, alcohol, tobacco, or illegal substance abuse will not be tolerated and will result in removal from the event and a possible ineligibility to participate in other youth ministry events. Adults and youth will abide by all laws (property damage, weapons, stealing, etc.) and will be held responsible for breaking them, and will be held responsible for any damages.



I have read this code of conduct, and I understand and voluntarily agree to its provisions.