



What: A weekend to help lead teens deeper into a personal relationship with Jesus. There will be music, talks, games, small groups, and a chance to break away for your “normal life” and see what God has in store!

When: Friday January 18-Sunday January 20

Check in at the **Cenacle Friday beginning at 5:30pm** . We will return **Sunday around 1pm** (*Please inform us of special travel arrangements if unable to be on buses)

Where: Camp Sweeney east of Gainesville

COST: \$130 for lodging, food, transportation, and t-shirt. Make checks payable to “St Ann” (Financial assistance options are available upon request.) **Any cancellations less than a week before will not be eligible for refund.**

Deadline: By 12pm on Tuesday Jan 15th! Please Make sure to return the “Parent/Teen Consent Form” completely filled out along with your payment. ***Any cancellations less than a week before will not be eligible for refund.**

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. We ask that all shorts be “finger-tip” length.) You will also need bed linens (twin bed) or sleeping bag (with name on it), pillow, bath items, shower shoes, towel, and a Bible. If you want you can bring a paintball gun or fishing pole for free time. You can also bring snacks. You will want to eat dinner before you show up on a Friday

What Not To Bring: Any illegal drugs, alcohol, tobacco, or bad attitudes. Drugs, alcohol, tobacco, bullying, or vandalism **will not** be tolerated and you will be sent home! Phones are not allowed on Retreat! Any used will be confiscated until the end of the retreat.

Emergency Contact:
Marci Combo 214-232-6580

**St. Ann HSM – Winter Retreat
2019
Release, Consent and Medical Info Form**

Teen's First Name _____ Teen's Last Name _____ Date of Birth _____ Gender M or F _____
City _____ State _____ Zip _____
Home Phone _____ Teen Mobile Phone _____
Parent E-mail Address _____
Current Grade: _____ School: _____ T-Shirt Size S M L XL 2XL 3XL

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: St. Ann High School Ministry – Winter
Date of event: Retreat Jan 18-20, 2019
Destination of event: Camp Sweeney – just east of Gainesville, TX

Estimated time of departure and return: Check-in on Jan 18 at 5:30 pm; Return Jan 20 around 1 pm

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 Winter Retreat.

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 Sweeney, 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 Sweeney.

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, Camp Sweeney, 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.

Last Name of Youth _____ Page 1 of _____

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