

St. Elizabeth Ann Seton

**Covecrest
Texas Style
2025**

**Middle School
Week**

June 15 - 20

Experience the
transforming love of
Christ



Life Teen Camp Wild Sky Burnet, TX

Up for something new this summer?

Spend a week at the beautiful Eagle's Wings Retreat Center,
embrace adventure and encounter Jesus Christ.



COVECREST-WILD SKY 2025 (MIDDLE SCHOOL)

Date: JUNE 15 - 20, 2025 (MIDDLE SCHOOL WEEK)

**WHO: COVECREST-WILD SKY IS FOR ALL CURRENT 6TH, 7TH, & 8TH
GRADE STUDENTS**

WHAT: LIFE TEEN SUMMER CAMP

WHERE: CAMP WILD SKY, BURNET, TX

HOW DO WE GET THERE? CHARTER BUS

**COST: \$800
NO REFUNDS**

REGISTRATION PROCESS:

STEP 1: COMPLETE SEAS REGISTRATION PACKET

STEP 2: FOLLOW PAYMENT SCHEDULE

STEP 3: COMPLETE COVECREST-WILD SKY ONLINE PAPERWORK

**Please note that cell phones and all electronic devices
will not be allowed at camp or on the bus ride. Contact
with your child during the week will be done through
Chaperones' phones.**

COVECREST – WILD SKY JUNE 15 – JUNE 20, 2025 (MIDDLE SCHOOL WEEK)

\$800 Registration Fee

PAYMENT SCHEDULE

IT'S IMPORTANT YOU UNDERSTAND THE PAYMENT SCHEDULE FOR COVECREST-WILD SKY AND THAT ANY PAYMENTS TO ST. ELIZABETH ANN SETON FOR COVECREST-WILD SKY ARE **NON-REFUNDABLE** _____ (Initial). PLEASE REVIEW THIS PAYMENT SCHEDULE. SIGN BELOW INDICATING YOUR AGREEMENT TO THESE TERMS.

<i>Date</i>	<i>Payment</i>	<i>Balance</i>	<i>Terms</i>
Starting Balance		\$800	
Registration	\$150	\$650	Due no later than November 13, 2024
Due By 12/6/2024	\$150	\$500	PAYMENT MUST BE RECEIVED BY NO LATER THAN December 6 OR YOU WILL LOSE YOUR SPOT.
Due By 1/10/2025	\$150	\$350	PAYMENT MUST BE RECEIVED BY NO LATER THAN January 10 OR YOU WILL LOSE YOUR SPOT.
Due By 2/7/2025	\$150	\$200	PAYMENT MUST BE RECEIVED BY NO LATER THAN February 7 OR YOU WILL LOSE YOUR SPOT.
Due By 3/1/2025	\$200	\$0	<u>FINAL</u> PAYMENT DUE NO EXCEPTIONS. REGISTRATIONS MUST BE PAID IN FULL AS THE PARISH BALANCE IS DUE TO COVECREST AND TRANSPORTATION PROVIDER.
Total		\$800	

**ANY AMOUNT CAN BE PAID AT ANY TIME, BUT PAYMENTS MUST
TOTAL REQUIRED AMOUNT FOR RESPECTIVE DUE DATE**

I HAVE READ THE COVECREST-WILD SKY PAYMENT SCHEDULE AND UNDERSTAND THAT ANY PAYMENTS TO ST. ELIZABETH ANN SETON FOR COVECREST ARE **NON-REFUNDABLE REGARDLESS OF CIRCUMSTANCES** _____ (Initial).

SIGNATURE & DATE

PRINTED NAME

OFFICE INSTRUCTIONS - KEEP TOP PORTION & RETURN NEXT PAGE TO PARENT

MIDDLE SCHOOL: COVECREST-WILD SKY 2025 PAYMENT SCHEDULE

IT IS IMPORTANT YOU UNDERSTAND THE PAYMENT SCHEDULE TO ATTEND COVECREST-WILD SKY AND THAT THERE ARE NO REFUNDS UNDER ANY CIRCUMSTANCES. YOU AGREED TO THESE TERMS BY YOUR SIGNATURE

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Total	\$800		

ANY AMOUNT CAN BE PAID AT ANY TIME, BUT PAYMENTS MUST TOTAL REQUIRED AMOUNT FOR RESPECTIVE DUE DATES.

Transportation Waiver – For Teens and Chaperones

Voluntary Release Form – Liability Waiver

Parish/Catholic School: St. Elizabeth Ann Seton Catholic Church

Name of Participant: _____

Description of Activity/Event: Life Teen Camp Covecrest Middle School (Camp Wild Sky)

Date of Activity/Event: June 15 - 20, 2025

I understand that the Church does not control, own, or operate the transportation companies, the restaurants, hotels, or other service providers from which I may receive goods and services in the course of this activity. Each of these is an independent contractor and completely responsible in its own right for the safe and ethical delivery of goods and services it provides. To the extent I believe that any of them should be scrutinized prior to contributing toward this activity, I agree that I will personally undertake to perform such scrutiny and will not rely on the Church to do so.

Furthermore, in consideration of my participation in the above described activity, I, the undersigned Activity Participant, including my agents, representatives, family members, heirs, and assigns, agree to hold harmless and defend St. Elizabeth Ann Seton Catholic Church Archdiocese of Galveston-Houston, its officers, agents, employees, or representatives associated with the field trip from any and all liability claims, loss or damage arising from or in connection with my participation in the activity.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND I ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I VOLUNTARY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THESE PROVISIONS.

Parent Signature: _____ Date: _____

Print Name: _____

Covecrest-Wild Sky 2025

Covecrest–Wild Sky Middle School 2025 (June 15 - 20, 2025)

Archdiocese of Galveston-Houston

Office of Adolescent Catechesis and Evangelization

PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Participant's Name _____

Date of Birth _____

Home Address _____

City/Zip Code _____

Parent(s)/Guardian(s) _____

Home Phone _____

Alternate Phone Number: _____

☐ Cell Phone or ☐ Work

Parish or Catholic School _____ Grade (Fall 2024) _____ Age _____ Sex _____

Primary Parent's Email Address _____

T-Shirt Size (ADULT): ☐ Small ☐ Medium ☐ Large ☐ XL

CONSENT & LIABILITY WAIVER

Important! To be filled out by the Parent/Guardian for youth under 18 years of age.

If participant is 18 years of age or older, consent must be signed by the individual)

I (name of parent/guardian) _____, grant permission for my child, (participant's name),
_____ to participate in the Wild Sky Camp in Burnet, TX, from June 16-21, 2024, through Life
Teen Inc.

In consideration of my child's participation in this event, I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns to indemnify, hold harmless and defend the Archdiocese of Galveston-Houston, the sponsoring parish, its pastor, youth ministry leader, principal, other agents, employees or other representatives associated with the event from any and all injuries, losses or claims arising out of my child's participation in the event.

In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.

Signature (Parent/Guardian)

Date

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies and rules established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

Signature (Youth Participant)

Date

VIDEO/PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video etc.) in highlighting the event.

Signature (Parent/Guardian)

Date

Covecrest–Wild Sky Middle School 2025 (June 15 - 20, 2025)

ARCHDIOCESE OF GALVESTON-HOUSTON

MEDICAL CONSENT FORM

Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor and I understand that all financial obligations are my responsibility.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship _____

Phone _____

Family Doctor _____

Phone _____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

My child is taking the following medication at the present time.

Medication(s): _____ Dosage: _____

Administer: _____

Permission to Give Medication

_____ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

OR

_____ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information: (Archdiocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

- Has had an episode of the following or has been diagnosed: ☐ Seizures ☐ Asthma ☐ Diabetic
- Allergic reactions to the following (foods, dyes, latex etc.) _____
- Has had a medical surgery within the last six months? ☐ Yes ☐ No Still under doctor's care? ☐ Yes ☐ No
- Has a medically prescribed diet? _____
- The following physical limitations? _____
- Immunizations current and up to date: ☐ Yes ☐ No Date of last tetanus/diphtheria immunization _____
- You should also be aware of these special medical conditions of my child (e.g. depression, anxiety, etc.): _____

Insurance Information: ☐ No, I do not carry medical insurance at this time.

Insurance Carrier: _____

Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____

Day Phone: _____

Mother's Name: _____

Day Phone: _____

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long-distance call, I want to be called collect (with phone charges reversed to myself). I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

Signature (Parent/Guardian) Parent/Guardian must sign for anyone under 18 years of age.

Date

Signature (Participant 18 years of age or older must sign own consent)

Date

\$150 Covecrest–Wild Sky 2025 Partnerships

Many in our parish family are facing financial challenges requiring them to make tough choices for their family. We have been blessed to receive donations from people who want to partner with our ministry and help teens attend Covecrest. If you want to attend Covecrest, and your family is in need of financial assistance, fill out this form for consideration. In order that these generous donations can benefit as many teens as possible, Covecrest Partnerships operate as follows:

- (1) Applicant needs to make a minimum commitment to pay of \$650 toward the \$800 cost of Covecrest. There is time to earn and save money for the camp. This commitment amount is due March 1, 2025, or you will lose your spot.
- (2) Applicant must participate in at least one parish sponsored Covecrest/Summer Program fundraising event to earn financial “credits” toward the \$800 cost, such as the Lenten Fish Fry Fridays. These credits will not reduce the applicants payment commitments in item (1). Funds are limited and will be distributed on a first-come, first-serve basis as applications are received. So there is a benefit to getting your application and \$150 non-refundable deposit with the Covecrest-Wild Sky registration packet as soon as possible.
- (3) All Applications are due **Friday, November 13, 2024.**

Final payment is due March 1, 2025

Why do you want to go to Covecrest-Wild Sky?

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Contact Information

Participant Name: _____ Participant E-mail: _____

Parent Name: _____ Parent E-mail: _____

Parent Cell Phone Number: _____

Date: _____

Date: _____

