

TEEN ACTS REGISTRATION

June 23rd-26th, 2022 – Paul B. Johnson State Park

Cost of Weekend - \$125 Includes T-Shirt (check size) ___S___M___L___XL___XXL___
\$30 registration Fee and payments can be arranged. All monies are due NLT June
Financial Scholarships are available. Please contact Director for more information

Parent/Guardian Consent Form and Liability Waiver Our Lady of Fatima Catholic Church Teen ACTS

Minor Participants Name _____

Age _____ Birth Date _____ Sex (F/M): _____ 2022 Grade _____

School Name _____ Parish _____

Home Address: _____ Home Phone _____

Cell Phone _____ Work Phone _____

Parent/Guardian Name: _____

Address: _____

Home Phone _____ Cell Phone _____ Work Phone _____

I, _____ grant permission for my child _____

To participate in this parish youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish volunteers from Our Lady of Fatima Church

A brief description of the activities follows:

✓ Type of event: Teen ACTS Retreat

✓ Date of Event: June 23-26, 2022

✓ Destination of Event: Paul B Johnson State Park Group Campsite, Hattiesburg, MS

✓ Individual in Charge: Kelsey Hymel, Teen ACTS Director, Our Lady of Fatima

✓ Mode of transportation to and from event: School Bus

✓ Activities: Interaction with youth and adults concerning religious, spiritual, moral and social issues, prayer and scripture readings, sharing, physical games.

As the Parent and/or Legal Guardian, I remain legally responsible for any personal actions taken by the above named participant.

Print Parent/Guardian's Name _____

Signature of Parent/Guardian _____ Date: _____

SWORN TO and subscribed before me on this _____ day of _____ 2022

NOTARY PUBLIC

My Commission Expires

MEDICAL CONSENT AND PERMISSION FOR RETREAT

To The best of my knowledge, my child _____, is in good health and I assume all responsibility for the health of my child.

ALLERGIES: My child is allergic to the following medications, foods, plants, insects, etc.

Medications: My child is taking medications and will bring all medications with him/her. It will be clearly labeled including dosage, frequency, and storage. Medications are as follows:

Other medical conditions: (asthma, diabetes, seizures, etc)

Parent/Guardian Name: _____

Home Address: _____

Phones: _____

If we are unable to reach you, please contact:

Name: _____

Address: _____

Phones: _____

Emergency Medical Treatment: In the event of an emergency, I hereby grant permission to transport my child to a hospital for emergency medical treatment. Yes _____ No _____

I wish to be advised prior to any further treatment by the hospital doctor: Yes ____ No ____

I hereby grant permission for non-prescription medication (such as cough drops, Tylenol, etc.) to be given to my child if necessary Yes _____ No _____

Insurance Carrier _____ Policy Number _____

Family Doctor _____ Phone Number _____

Parent/Guardian Signature

Date: