

Teen ACTS RETREAT

We will be communicating by e-mail whenever possible

Please return this application and a nonrefundable check of \$125 to the following address:

St. Matthews Catholic Church
2800 Pine Tree Rd.
Longview, Texas 75604

Participants Name: _____ M/F _____
Date of Birth: _____ Grade: _____ Parents Email: _____
Parent/Guardian Name: _____
Home Address: _____ T-Shirt Size: _____
City/State: _____ Parents home/cell number: _____
May we contact your child by Facebook? May we contact your child by text?
Yes _____ No _____ Yes ___ No ___ child # _____

Please attach a copy of your Insurance card

Insurance Company: _____ Policy Number: _____
Participants Doctor: _____ Phone Number: _____
Participant's allergies, if any, including medication and foods: _____
Participant's chronic medical problems: _____
Participant's other physical restrictions, if any: _____
Current medications taken by Participant: _____
Reason for taking: _____

Emergency Medical Treatment

The undersigned do hereby release forever, discharge, & agree to hold the above group/church/school, ACTS, Diocese of Tyler &/or Sponsor or any Hospital/Medical Center used while on event harmless from & against any & all liability, claims, demands, lawsuits & expenses arising from personal injury, sickness, death or property damage of any nature whatsoever which may be incurred or suffered by participant (if participant is under 18 or 18 or older) while attending activities. Furthermore, the undersigned hereby assumes all risk of personal injury, sickness, death damage & expense arising from participant's participation in all activities, including recreation & work activities involved in the above activity. In addition, authorization & permission is hereby given to furnish all necessary transportations, food & lodging for participant (if participant is under 18 or 18& older). The undersigned further hereby agree to indemnities & hold the above group/church/school, the Diocese of Tyler/or the Sponsor &/or any Hospital/Medical Center used during the event, & their respective members, directors, employees, & agents (collectively, the "Indemnities"), harmless from & against any & all claims, demands, actions, lawsuits & liabilities, including attorney's fees & expenses sustained by the indemnities as the result of negligent as the result of negligent, willful or intentional acts of participant (if participant is under 18 or 18 & older).

In the event of an emergency, if you are unable to reach me at the above number , contact:

Name: _____ Relationship: _____
Telephone #: _____ Cell Phone #: _____

Liability Release

If you would like your child to participate in this event, please complete, sign & return the following statement of consent & release of liability. As parent/legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student. I understand that this event will take place away from the church grounds & that my child will be under the supervision of the designated chaperones on the stated dates. I further consent to conditions stated above on participation in this event, including the method of transportation, & the use of appropriate picture taken of my child while participating in said event. If participant is under 18 years of age: We (I), the parent(s)/legal guardian(s) of the participant, hereby grant permission for our son/daughter to participate fully in the above activity & all of its undertakings, & hereby give our permission to take said participant to doctor or hospital & hereby authorize medical treatment, including, but not limited to, emergency surgery, & we, notwithstanding any question of liability involved in this emergency, fully & completely, assume responsibility for all medical bills. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we (I) assume all responsibility & transportation costs.

In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights as well as, if applicable, those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Parent/Legal Guardian Signature: _____ Date: _____

Please note that Teen ACTS is part of St. Matthews Youth Ministry Program.
For additional information please contact the Youth Coordinator by phone at **903-295-3890**.

Brookhaven Retreat Inc.

Medical Consent Form

Name: _____ Birthdate: _____ Sex: _____ Age: _____
Parent/Guardian: _____ Phone: _____
Home Address: _____

If not available in emergency notify:

1. Name: _____ Phone: _____
2. Name _____ Phone: _____

Please furnish current health insurance with policy number covering camper.

Health Insurance Company: _____

Policy Number: _____

I certify that this camper is in good health to the best of my knowledge and from past health examinations. I hereby give my permission for my child to engage in all camp activities, including the Ropes Course and water activities, except noted by me (attach.) In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named on this form. I further agree that I will not hold Brookhaven Retreat, its staff or Board of Directors, responsible in the event of any accident, altercation, or emergency involving my child while at or in route to or from Brookhaven.

Signature: _____ Date: _____

HEALTH HISTORY

CHECK THOSE APPLICABLE

Allergies: _____ Diseases: _____ Foods: _____
Ear Infections: _____ Hay Fever: _____ Chicken Pox: _____
Rheumatic Fever: _____ Ivy Poisoning: _____ Measles: _____
Convulsions: _____ Insect Sting: _____ German Measles: _____
Diabetes: _____ Penicillin: _____ Mumps: _____
Behavior: _____ Other Drugs: _____ Asthma: _____

IMMUNIZATION HISTORY

Required immunizations must be determined locally. This is a record of dates of basic immunizations and the most recent booster doses.

DTP Series: _____ Booster: _____ Tetanus Booster: _____
Polio OPV (Sabin): _____ Booster _____ Typhoid: _____
Measles Vaccine (live): _____ Tuberculin Test _____
German Measles (rubella): _____ Mumps Vaccine (live): _____
Small Pox: _____ Other: _____
Additional Comments: _____

Brookhaven Christian Retreat
Agreement to Participate: Assumption of Risk and Release

WHEREAS, I THE UNDERSIGNED (“The Applicant”) wish to be accepted for participation in the programs to be organized by Brookhaven Retreat, Inc. of Hawkins, Texas: and in consideration of Brookhaven Retreat, Inc.’s action in allowing that applicant to participate in such a program: I, the undersigned, acknowledge that during the said program in which I, the applicant, am requesting to participate, certain risks and dangers may occur. These include, but are not limited to: the hazards of depending on other people; being at various heights (ground to 50’); accident or illness in remote places without medical facilities; the forces of nature; and travel by air, train, boat, automobile or other conveyance to or from Brookhaven Retreat and while at the facility. The undersigned further recognizes that these risks may also include: loss or damage to personal property; physical or psychological damage and/or injury not excluding fatality due to accidents that may occur; and accidents resulting from this challenge course experience and other type of outdoor activities. I further understand that medical services may be several hours away in the event of a medical emergency.

In consideration of, and as part payment for the right to participate in such a program and the services and food arranged for me by Brookhaven Retreat, Inc., Directors, Officers, Employees, Agents, and/or Associates, I have and do hereby assume all the above risks which are not specifically foreseeable, and will hold them harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind of nature whatsoever, whether for bodily injury, property damage or loss otherwise, which I now have or which may arise from or in connection with my program of participation in any other activities arranged for me by Brookhaven Retreat, Inc., Directors, Officers, Employees, Agents, and/or members of my family, including any minors accompanying me. In short, I will not sue Brookhaven Retreat, Inc. However, I the undersigned do reserve the right of arbitration, if necessary, to settle any and all grievances that might arise during this program. I also state that I am not under, and will not be under the influence of any chemical substance including alcohol. I fully understand that my physical activity involves risk of injury. I also understand that my participation in this Brookhaven Retreat Inc., program is entirely VOLUNTARY. I enter into this program and take full responsibility for my decision to participate or not to participate and agree to follow all safety instructions.

The undersigned further certifies that photographs, video footage, or audio clips of the undersigned participant taking part in programs at Brookhaven Retreat may be reproduced and utilized in promotional materials for Brookhaven Retreat Inc., and that no person shall be compensated for this use. I understand that these likenesses or voice representations will not be used for any other purpose.

Participant Signature

Legal Guardian/Witness

Date