



SUMMER ROAD TRIP 2019

JUNE 5

ST. MARY OF THE EXPECTATION & KEMAH

7:30AM-6:00PM

\$50

JULY 24

ST. HELEN MOVIE NIGHT

6:00PM-10:00PM

\$20 & CANNED FOOD ITEM

AUGUST 7

SCHLITTERBAHN

8AM-4:30PM

\$60

DEADLINE: MAY 3

JUNE 5 INFO:

Check-In: Begins at 7:30 AM in Cargill Hall at St. Mary of the Expectation (1612 E Walker St., League City, TX 77573). You must check in by 8:00 AM. Parents you must check in your teen.

Details: This retreat will take place in Cargill Hall during the morning; however, we will be doing off-site activities at Kemah Boardwalk in the afternoon. We will be carpooling to Kemah and will be needing volunteers to drive to and/or from the activity site.

Check-Out: 6:00 PM in Cargill Hall. Parents must sign out the youth.

JULY 24 INFO:

Check-In: Begins at 6:00pm at St. Helen's Gym (2209 Old Alvin Rd, Pearland, TX 77581).

Details: Junior High youth are invited to St Helen Church for a movie night! We are very excited about the plans for Summer Road Trip, Junior High Events this year, and we can hardly wait for it to begin!!! For the movie night we are going to have a Catechetical session followed by games, popcorn, snacks, and a movie.

Check-Out: 10:00 PM in Gym. Parents must sign out the youth.

AUGUST 7 INFO:

Check-In: Begins at 8 AM at St Helen Church, to take a bus or car pooling. Parents you must check in your teen. Groups must arrive at Schlitterbahn by 10:00 AM.

Details: This retreat will take place at Schlitterbahn-Galveston Waterpark during the morning; we will have a reserved, covered pavilion in which we will have our retreat talk and small group and eat lunch. After the retreat elements, teens will be able to experience the park in groups of 4 teens or more. Some groups will be meeting at Schlitterbahn, others will be carpooling from their parish. We will be carpooling to Schlitterbahn and will be needing volunteers to drive to and/or from the activity site.

Check-Out: 4:30 PM at St Helen Church Parents must sign out the youth.

****Additional Detailed Information To Be Sent To All Registered Participants****

Summer Road Trip: Kemah REGISTRATION FORM

June 5th, 2019

PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Office Use Only

PAYMENTS:

Participant's Name _____ Date of Birth _____
Home Address _____ City/Zip Code _____
Parent(s)/Guardian(s) _____ Home Phone (____) _____
Parent Cell Phone Number: (____) _____ Alt. Cell Number:(____) _____
Parish: _____ School: _____
Grade (On Date Of Event): _____ Age (On Date Of Event): _____ Sex M / F
PARENT'S Email Address: _____
T-Shirt Size (Adult Sizes): Small Medium Large XL XXL XXXL

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 'Summer Road Trip' retreat in
Cargill Hall at St. Mary of the Expectation Catholic Church in League City, TX. (Including transportation to and
from event site; Kemah Boardwalk)

I agree on behalf of myself, my child's other parent if known or living (name of other parent), _____,
my child name herein, or our heirs, successors, and assigns and defend the Archdiocese of Galveston-Houston, the
sponsoring parish (its pastor, youth ministry leader, principal, other agents, etc.) or any representatives associated with
the scheduled activity unless the parties involved were careless and negligent.

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. 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

**PLEASE COMPLETE BOTH PAGES OF THIS FORM AND LEAVE NO BLANKS.
If an item is not applicable, write "N/A"**

MEDICAL CONSENT FORM

Participant Name: _____

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.

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.

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: _____

Initial next to ONE of the following:

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

_____ I hereby **Do Not Grant Permission** for medication of any type (prescription or nonprescription) to be administered to
(Initial) my child unless the situation is life-threatening and emergency treatment is required.

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

My son/daughter has:

- Had an episode of the following or has been diagnosed: Seizures Asthma Diabetic
- Allergic reactions to the following (foods, dyes, medications, 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 and/or psychological conditions of my child (e.g. depression, A.D.D., etc):

Insurance Information: No, my child does not have medical insurance at this time.

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____ Phone: (____) _____

Mother's Name: _____ 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 must sign for anyone under 18 years of age)

Date

**PLEASE COMPLETE BOTH PAGES OF THIS FORM AND LEAVE NO BLANKS.
If an item is not applicable, write "N/A"**

MEDICAL CONSENT FORM

Participant Name: _____

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My son/daughter has:

- Had an episode of the following or has been diagnosed: [] Seizures [] Asthma [] Diabetic
• Allergic reactions to the following (foods, dyes, medications, 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 and/or psychological conditions of my child (e.g. depression, A.D.D., etc): _____

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Father's Name: _____ Phone: (____) _____

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Date

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If an item is not applicable, write "N/A"

Summer Road Trip: Schlitterbahn REGISTRATION FORM

August 7th, 2019

PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Office Use Only
PAYMENTS:

Participant's Name _____ Date of Birth _____
Home Address _____ City/Zip Code _____
Parent(s)/Guardian(s) _____ Home Phone (____) _____
Parent Cell Phone Number: (____) _____ Alt. Cell Number:(____) _____
Parish: _____ School: _____
Grade (On Date Of Event): _____ Age (On Date Of Event): _____ Sex M / F
PARENT'S Email Address: _____
T-Shirt Size (Adult Sizes): Small Medium Large XL XXL XXXL

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(participant's name), _____ to participate in the 'Summer Road Trip' retreat at
Schlitterbahn-Galveston Waterpark. (Including transportation to and from event site.)

I agree on behalf of myself, my child's other parent if known or living (name of other parent), _____,
my child name herein, or our heirs, successors, and assigns and defend the Archdiocese of Galveston-Houston, the
sponsoring parish (its pastor, youth ministry leader, principal, other agents, etc.) or any representatives associated with
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• Allergic reactions to the following (foods, dyes, medications, 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 _____
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Insurance Information: [] No, my child does not have medical insurance at this time.

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Father's Name: _____ Phone: (____) _____

Mother's Name: _____ Phone: (____) _____

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