



Our Lady of Guadalupe

F.L.A.M.E. Co-Ed Teen Retreat

March 15, 16, 17, & 18, 2018

Registration Form

T-SHIRT SIZE: _____

Name: _____ Sex: _____ Parish: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____ Alt#: _____

Age: _____ Date of Birth: _____ Grade: _____ Email: _____

Special Dietary Needs: _____

EMERGENCY CONTACT INFO

Name: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

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. F.L.A.M.E. is an acronym for Faith, Love, Adoration, Miracles, and Evangelization. The retreat will take place under the guidance and direction of Father Julian and Volunteers.

- * Date of the retreat: **March 15-18, 2018**
- * Cost \$165.00 (A \$50.00 dollar non-refundable deposit required)
Make checks payable to: **Our Lady of Guadalupe**
- * Event will take place at Camp Zephyr in Mathis, Texas
- * Teens will be transported to and from Our Lady of Guadalupe
- * Activities: Interaction with youth and adults concerning religious, spiritual, moral, and social issues, prayer and scripture sharing.
- * Goals: To Strengthen our faith and its application in our daily lives, to renew ourselves spiritually and build lasting friendships.
- * If you need further information or have any questions please contact:
Elda Olvera @ 361-664-0437 or the Parish office @ 361-664-2953.

Signature: _____

Date: _____

Diocese of Corpus Christi and/or Parish of

Our Lady of Guadalupe Parish, 1010 Beam Station Road, Alice, Texas

Adult Participant's Release of Liability and Medical Release Form

Name: _____

Parish: _____ Daytime Phone # _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Name of Event: Teen F.L.A.M.E. Retreat Date(s) of Event: on March 15-18, 2018 at Camp Zephyr

Location of Event: 151 FM 3162, Sandia, Texas 78383

Health Insurance Carrier: _____

Insurance ID Number: _____ Insurance Policy Number: _____

I agree on behalf of myself, my heirs, successors, executors, personal representatives and assign to protect, indemnify, save, and hold harmless the Diocese of Corpus Christi, and Our Lady of Guadalupe parish, and their officers, directors, agents employee, or representatives associated with this event/trip from all damages, claims, suits, expenses and payment on account of or resulting from conditions stated on or resulting from any such injury, death, or damage to property, including resulting from the negligence of the Diocese of Corpus Christi, and parish, and/or their officers, directors, and employees arising from or in connection with my attending youth ministry events. In the event that any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all court costs, reasonable attorneys fees and expenses incurred by the prevailing party. In the event that I should require medical treatment and am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. Please advise the doctors that I have the following allergies:

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Emergency Contact Name: _____

Relationship to me: _____

Day Time Phone #: _____ Night Time Phone #: _____

(Signature)

(Date)