

DIOCESAN ALTAR BOY RETREAT 2016

REGISTRATION FORM

Retreat Date: June 26 – June 28

Registration Fee: \$100

Please return no later than Monday June 13, 2016

Personal Information

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Parish: _____ City & State: _____

Parent or Guardian: _____

Home Phone: _____ Cell: _____

PARENT OR GUARDIAN AUTHORIZATION: I wish to enroll my child in the **Altar Boy Retreat at Johnstown, PA, Sunday June 26 – Wednesday June 29, 2016**. If I cannot be reached in the event of an emergency, I give my permission to the Retreat Director and staff to hospitalize, secure proper treatment for, and order injections, anesthesia or surgery for my child, if necessary. By my signature below, I accept FULL responsibility for my child, who has my permission to engage in all prescribed activities, except as noted by me and/or the examining physician.

Medical History

____ Frequent Ear Infections

____ Allergies

____ Hypertension

____ Convulsions

____ Ivy Poisoning

____ Chicken Pox

____ Bleeding Disorder

____ Drug Reaction

____ Insect Reaction

____ Mononucleosis

____ Asthma

____ Measles

____ Heart Defect

____ Mumps

____ Diabetes

Please list any other medical condition: _____

Restricted Activities: _____

Dietary Restrictions: _____

Current Medications: _____

This is to certify that all above information is correct to the best of my knowledge and that my child is in Good Health and has no known recent exposure to any contagious disease. (IF CHILD HAS HAD A SERIOUS ILLNESS OR SURGERY SINCE LAST EXAM, WRITTEN PERMISSION MUST BE OBTAINED FROM A PHYSICIAN TO ATTEND THE RETREAT.)

Signature of Parent or Guardian: _____ Date: _____

- ITEMS TO BRING: Altar Boy Robes; Personal Toiletries; Casual Clothes; Swimsuit; Sneakers; Sweater or Sweatshirt; Sleeping Bag or Sheets, Pillow & Blanket, Insect Repellent, Baseball Glove, Extra Spending Money. A GOOD ATTITUDE!!

- ITEMS NOT TO BRING: Cell Phones and Pagers; Gaming Systems; Laser Pointers;. Roller Blades, Sneaker Skates, Roller Skates; Alcoholic Beverages; Cigarettes or any Tobacco Products; Illegal Drugs; Knives; Guns; Fireworks; Shaving Cream; Clothing with suggestive or obscene imagery or words; or any other item NOT deemed appropriate. A BAD ATTITUDE!!

PLEASE NOTE: At the conclusion of the Retreat, no one will be able to leave until 11 a.m. This morning time will be used to place all areas of the retreat back in proper order. Those who will be picking up their young men are asked to adjust their time accordingly!!!

ENCOUNTER 2016 T-SHIRT

All retreat participants receive an "Encounter 2016" T-Shirt. This shirt is worn while we are away from Johnstown to help keep track of the participants. Form must be received by June 16 to guarantee size. Please note that all sizes are "Adult" sizes:

___ SMALL ___ MEDIUM ___ LARGE ___ EXTRA LARGE ___ XX LARGE

This form is also available in electronic form at: <http://goo.gl/forms/IFRC6aAamE>

If not registering electronically, the form may be downloaded at the Diocesan website: www.acrod.org

Please return the form by June 13, 2016 to:
Fr. David Cochran, 40 Beaver Dam Rd, Stratford, CT 06614
Or email it to: pauldcochran@gmail.com

Please include your payment with the form. Checks should be made out to "DIOCESE ALTAR BOY RETREAT" and include your child's name in the memo.

If registering electronically or emailing form, please send check made out to "DIOCESE ALTAR BOY RETREAT" with your child's name in the memo to Fr. David at the above address.

TEEN QUEST RELEASE FORM (COPIES MAY BE MADE) REQUIRED FOR EACH PARTICIPANT PLEASE READ CAREFULLY AND SIGN

Our program and facilities are operated in a clean, safe manner. However, in case of illness or accident, we must have a Health History/Medical Consent Form completed and signed for each camper. Campers under age 18 must have signature of parent or legal guardian. Your camper cannot begin the program unless this form is completed and the required signatures are provided. Please be aware that Teen Quest does NOT provide medical or hospital insurance coverage.

Student Name _____ Phone _____ Age _____ D.O.B. _____ Sex _____
Address _____ City _____ State _____ Postal Code _____ Email _____ @ _____
Parent/Guardian Name(s) _____ Day Time Phone (____) _____ Evening Phone (____) _____ Cell Phone (____) _____
Emergency Contact (other than parent) _____ Relationship to Camper _____
Names of anyone other than parent/guardian authorized to pick up or sign camper out of camp. _____
Church _____ Pastor's Name _____ Youth Pastor's Name _____

CONFIDENTIAL Medical Information:

Do you carry family medical/hospital insurance? Y / N Insurance Carrier _____ Policy # _____ Name of responsible party _____
Relationship to camper _____ Phone (____) _____ Name of Family Physician _____ Phone (____) _____
Date of last Tetanus Shot _____ Are all immunizations up to date? Y / N _____
List any allergies or unusual ailments: _____
List all medical conditions: physical, emotional, behavioral disorders and learning disabilities. _____
Please List ALL Allergies: Drug _____ Food _____ Insect/Plant _____ Diet Restrictions _____

List medications camper will require while at camp and reason for taking the medicine. _____
All prescription medications, over-the-counter medications, vitamins, and herbal products that are provided to your child MUST be in ORIGINAL containers with labels and dispensing instructions in English. We do not administer injections. YOU must provide a prescribed Epi-Pen if needed.
HORSEBACK RIDING I understand the horses to be well trained but realize the danger of horseback riding. I believe myself / my child to be of sound health with sufficient maturity to ride. I expect only the ownership and management of Teen Quest to allow me /my child to horseback ride at my /my child's own risk. Due to insurance, only 9 years and older can ride without a lead rope.
PAINTBALL COMPETITION I understand by my /my child's participation in the sport and activities of paintball that weaponry involved in paintball is significant, including the potential for permanent disability and death, and while particular equipment and personal discipline will minimize the risk, the risk of serious injury does exist. I expect only the ownership and management of Teen Quest to allow me /my child to participate in paintball at my own risk. Junior age students only participate in target practice.
PARENTAL GUARDIAN AUTHORIZATION

By signing this form I give my informed consent to the First Aid personnel assigned by Teen Quest. I understand that it is my responsibility to make arrangements for a camper with greater health care needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize Teen Quest to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. This completed form may be photocopied for trips away from Teen Quest properties. I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer for my child: throat lozenges or spray, anti-nausea/diarrhea, Epi-pen, (by prescription), antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, Ipecac, electrolyte replacement fluids, analgesic balms and gels. I have requested Teen Quest to allow my child to participate in any and all activities that may include but are not limited to those outlined in the camp brochure. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my child's participation in these activities can expose him/her to dangers both from known and unanticipated risks. Teen Quest program includes but not limited to: rock climbing, rappelling, hayrides, go-carts, water sliding, boating, horses, paintball, Challenge Course, skate boarding, archery, mountain boarding, high ropes, trampolines, basketball, football, hockey, field games, snow tubing, snow boarding, ice hockey, snow mobile riding/tubing. Acknowledging that such risks exist, I, on behalf of myself, my child and any other party who may have the right to assert any rights for or on behalf of my child, do hereby forever release and discharge, indemnify and hold harmless Teen Quest, its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my child's participation in Teen Quest's camp and its activities, including losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of American Arbitration Association. I give my permission for pictures / videos in which myself or said minor child appears to be used in future camp brochures, flyers, videos, website, or the promotional literature published and used by the Teen Quest Ranch Please: NO alcohol, drugs, fireworks, knives, personal electronic equipment, or paintballs. You may bring your own paintball gun. We are not responsible for loss or theft.

SIGNATURE OF PARENT / LEGAL GUARDIAN _____ DATE: _____ PRINTED NAME OF PARENT _____
SIGNATURE OF PARTICIPANT _____ DATE: _____ If over 18 years of age _____