

# ST. THOMAS AQUINAS CATHOLIC PARISH

(For office use only)

Teen ACTS Retreat [ ]

Date received \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

Retreat Team Member check here [ ]

## Teen ACTS

Adoration, Community, Theology, Service  
Retreat Registration Form

### Please Print Neatly

Retreatant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Church/Parish: \_\_\_\_\_ Sex \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ T Shirt Size: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone #: \_\_\_\_\_

Parent/Guardian E-mail address: \_\_\_\_\_

Emergency Contact Person (different from above): \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Their E-mail address \_\_\_\_\_

Will you have any specific dietary or medical needs during this weekend? [ ] Yes [ ] No

My needs are: \_\_\_\_\_ Allergies: \_\_\_\_\_

Amount paid \$ \_\_\_\_\_ Cash [ ] Check # [ ] Payable to St. Thomas Aquinas

\*\*\*\*\*

**Retreat Purpose:** To deepen your relationship with Jesus Christ, renew your spirituality, give new meaning to your prayer life and Sunday Liturgy, and to build lasting friendships.

**Who:** Open to all graduating 9<sup>th</sup> graders through 12<sup>th</sup> graders. (Must have been in high school during 2016-17 year)

**When:** The retreat begins at St. Thomas Aquinas Catholic Church on Thursday evening (June 1<sup>st</sup>) and ends early Sunday afternoon (June 4<sup>th</sup>) following the 11:00 Mass and reception.

**Cost:** \$185.00 (A non-refundable deposit of \$50.00 is required to reserve your spot; the balance is due on or before the Thursday check-in at the beginning of the retreat)

**\*\*Scholarships are available. Please contact Darren Seibert for any scholarship questions.**

**Transportation:** Round trip transportation to and from the retreat center will be provided for all retreatants.

**Contact Information:** For retreat or registration information, please contact Darren Seibert at [youth@stabcs.org](mailto:youth@stabcs.org)

**Release Forms & Retreat Information:** Retreat Information, including packing list, schedule, etc., and Diocese of Austin release forms will be emailed approximately two weeks before the retreat.

**PERMISSION CONSENT**

I, \_\_\_\_\_ grant permission for my teen, \_\_\_\_\_, to participate in this youth ministry event including required transportation. This activity will take place under the guidance and direction of adult and youth volunteers of the ACTS Community.

Parent Signature: \_\_\_\_\_

**CONFIDENTIALITY GUIDELINES**

During this retreat, your youth will have the opportunity to share/discuss personal information about themselves. In order to encourage retreatant participation, T.A.C.T.S will strive to maintain utmost confidentiality. However, please understand that T.A.C.T.S. is subject to state law (i.e. Texas Family Code/Texas Mental Health Code/Texas Penal Code) which requires disclosure of certain information to the proper authorities, which concerns the safety and well-being of individuals, specifically minors, elderly, and/or developmentally disabled individuals). More particularly, allegations including, but not limited to sexual/physical abuse, medical neglect, physical neglect, endangerment to oneself or to others, etc. will be reported to the proper authorities. In such event, TACTS has a legal duty to notify law enforcement and Child Protective Services within 48 hours. Please be advised that we will make every effort to notify the primary caregiver (parent/legal guardian) so long as this notification does not endanger the well-being of the individual in question or others.

\_\_\_\_\_  
Teen Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Other forms will need to be completed before attending the retreat, and they will be sent to you in the future.

*Peace be with you.*

*As the Father has sent me, I send you.*

*John 20:21*