

# I ACT X Retreat: The Journey

**When:** Friday May 12, 2017-Sunday May14, 2017

**Where:** Camp Holy Cross- Goshen, MA

**Who:** Grades 8-12



**Registration Deadline: Sunday May 7**

**Cost: \$45 per participant**

**Sibling Discount: If you have more than one person in your family attending retreat, the cost is reduced by \$10 per person.**

- ∞ I ACT retreat is designed and run by a team of young adults
- ∞ Sponsored by the Our Lady of the Valley Parish

*For more information, contact Justin @ 413-362-5064 or email [IACTretreat@gmail.com](mailto:IACTretreat@gmail.com)  
visit: [www.olveasthampton.org](http://www.olveasthampton.org) for additional registration forms or to see our safe environment  
protocol (see I ACT Retreat under Organizations)*

**Find us on:**    **@ I ACT Retreat**

**Registration Form and Parent Release & Consent**  
**I ACT X Retreat: The Journey**  
**May 12-14, 2017 at Camp Holy Cross in Goshen, MA**

Participant Name: \_\_\_\_\_ Parish: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Grade/Age: \_\_\_\_\_ T-Shirt Size: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_ Email: \_\_\_\_\_

Parents Name(s): \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**PARTICIPATION CONSENT:**

I, (Name of Parent or Guardian) \_\_\_\_\_ grant permission for my son/daughter named above to participate in the above named event.

**LIABILITY WAIVER:**

I understand that parish leaders will take all reasonable precautions to ensure a safe environment during this event for all youth and adult participants. I will not hold the Diocese of Springfield, my sponsoring parish/group, nor any of the parish adult leaders responsible in the event of any injury or accident to my son/daughter while participating in this experience.

**STATEMENT OF HEALTH:**

I hereby warrant that, to the best of my knowledge, my son/daughter is in good health and able to participate in this event. Please indicate limitations and/or conditions that we should be aware.

Include any medications or allergies: \_\_\_\_\_

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**MEDICAL EMERGENCY:**

In case of medical emergency, I understand that a reasonable effort will be made to contact parents/guardians and the secondary emergency contact (listed below) of participants. In the event that I or my secondary emergency contact cannot be reached, I hereby give permission to the physician selected by the parish leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

Secondary Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

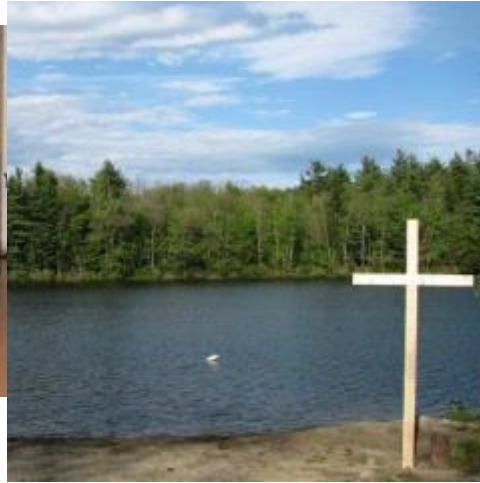
**SIGNATURE OF PARENT OR GUARDIAN:**

I certify that the above information is correct and, in the case of illness and if deemed necessary, medical records of my child may be released to an attending physician. I fully understand the consequences of the foregoing statements and sign this form knowingly, freely, and willingly. I also understand that some photos/video footage taken during the retreat may be used for promotional purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send registration and check to Our Lady of the Valley Parish 33 Adams St. Easthampton, MA 01027**  
**Please make check payable to the Our Lady of the Valley Youth Group.**

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## Testimonies from Retreat Participants

Question: Will you come back next year?

*\* Yes! It is one of my favorite weekends of the whole year.*

*\* Yes, because it changes my life every time.*

*\* Yes because it was AWESOME and made me realize how many people face the same challenges I do.*

*\* Yes because it is a reset on my life and is needed.*

I ACT or I'm A Christian Teen invites students in grades 8-12, to retreat, to get away from society for a weekend with their peers and talk about situations they deal with in the real world. The schedule for the retreat consists of games, skits, free time, prayer, discussion, opportunities to laugh, opportunities to build your relationship with God and of course food.

Camp Holy Cross, located on the Upper Highland Reservoir, provides a perfect opportunity to get away from everyday life. The grounds include a huge field for many activities, a beautiful lake for swimming, boating and fishing, and many trails for hiking on the property. Sleeping accommodations in rustic lighted cabins, brand new bathroom and shower facility. A communal dining hall with an industrial kitchen where all of our meals take place. A cozy chapel building for prayer and fellowship.

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# **I ACT X Retreat: The Journey**

## **Camp Holy Cross in Goshen, MA**

### **Information Sheet**

**Arrival:** Friday, May 12, 2017 between 6:00pm & 6:30pm for check in.

**Departure:** Sunday, May 14, 2017 12:30pm. Please be on time!

**Total Cost:** \$45 Includes lodging for 2 nights, use of facilities, all meals, and retreat materials.

Send registrations to Our Lady of the Valley Parish, 33 Adams Street Easthampton, MA 01027. Please make check payable to the Our Lady of the Valley Youth Group.

Snack will be provided on Friday night.

Breakfast, lunch and dinner will be provided on Saturday.

Brunch will be provided on Sunday.

### **Packing List: Be Prepared**

- Sleeping bag, pillow, sleepwear, blanket, extra blanket (mattresses are available)
- Bathing suit, fishing pole (optional)
- Outdoor clothes, sneakers (Extra clothes/shoes if bad weather occurs)
- Towels, soap, shampoo, toothbrush, toiletries, etc.
- Personal snacks and beverages (optional)
- Bug spray, rain gear, sunscreen flashlight, hat, warm jacket (nights can be cold!)
- **Each participant is asked to bring a food *Sharing Item***
- ***Sharing Item:*** Last Name = A-F: 1 box of cold cereal  
G-L: 2 bottles of soda or juice  
M-R: Dessert (cookies, brownies, etc.)  
S-Z: Snack Food (chips, popcorn, etc.)
- We highly discourage all electronics; cell phones should only be used in case of emergency

**Directions to Camp Holy Cross:** Please visit [www.campholycross.org](http://www.campholycross.org)  
*No participant will be allowed to leave the retreat over the weekend unless there is a family Emergency.*

**\*For emergency contact during retreat call 413-362-5064\***

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