

I ACT XI Retreat Information & Registration

When: Friday May 18, 2018-Sunday May20, 2018

Where: Camp Holy Cross- Goshen, MA

Who: Grades 8-12



Registration Deadline: Sunday May 13

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
visit: 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



ROMAN CATHOLIC DIOCESE OF SPRINGFIELD

65 Elliot Street – P.O. Box 1730 Springfield, MA 01102-1730 (413) 732-3175

I ACT Retreat Registration Form

(Please print or type all information, except signatures)

Event Name, Date & Location: I ACT RETREAT, May 18-20, Camp Holy Cross 108 Cape St. Goshen, MA

Event Sponsor (Parish): Our Lady of the Valley Parish, Easthampton, MA

I. Youth Information

First Name: _____ Middle Initial: ____ Last Name: _____

Date of Birth: ____/____/____ Grade: _____ Gender: M / F T- Shirt Size: S M L XL 2X 3X

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Parish/School _____

Mother/Guardian: _____ Father/Guardian: _____

Mother/Guardian Phone: _____ Father/Guardian Phone: _____

Note: All areas utilized are not ADA accessible. Contact your Event Leader for special arrangements.

Circle ALL that apply: Mobility Impaired Hearing Impaired/Interpretation Needed
Wheelchair Access Visually Impaired (more than wearing glasses)

II. Youth Agreement

I understand that my participation in this Event requires compliance with specific regulations for this Event. I agree to abide by all rules and regulations set forth. Any infraction of the rules or regulations, including, but not limited to, the possession of alcohol, drugs, or weapons may cause my dismissal from the Event. If I should be dismissed, I understand that my parents will be contacted to arrange for my immediate transportation home.

Youth Signature: _____ **Date:** _____

III. Parental/Guardian Release, Hold Harmless/Indemnify Agreement

I, the parent/guardian of _____, who is less than 19 years of age, grant permission for my child/ward to participate in the above named Event. By allowing my child/ward to participate in this Event, and in consideration for his/her being allowed to participate by the above named Parish/School, I hereby assume on behalf of my child/ward all risk of accident or harm to my child/ward arising out of, directly or indirectly, any incident of any kind occurring during the course of, including travel to and from, this Event, and do hereby release and discharge the Roman Catholic Bishop of Springfield, A Corporation Sole, the above named Parish/School, and their officers, directors, agents, employees, administrators, representatives, grantees and assigns (collectively referred to as "Releasees"), of and from all debts, demands, actions, causes of action, suits, accounts, covenants, contracts, agreements, costs, fees, expenses, losses, damages and any and all claims and liabilities whatsoever of every name and nature, both in law and in equity, whether known or unknown, that I, on behalf of my child/ward, have ever had or now have against the Releasees relating to or arising out of this Event. I further agree on behalf of my child/ward to protect, defend, hold harmless, and fully indemnify the Releasees for any claim or cause of action whatsoever arising out of this Event that may be brought against the Releasees, or any one of them, by any person, including without limitation, my child/ward or his/her family members, relating to or arising out of the participation of my child/ward in this Event

Signature: _____ **Date:** _____

I am aware of the particulars of the said Event including the times, costs, and adults chaperoning and/or transporting my child/ward for the Event and have clarified any concerns I may have with the coordinating adult in charge. I agree that my child/ward shall abide by the rules and all regulations of the Event including in regards to alcoholic beverages, drugs, and weapons. I agree that if my child/ward fails to abide by the regulations set forth, he/she may be dismissed from the Event and I will need to arrange for his/her immediate transportation home at my expense.

Signature: _____ **Date:** _____

I understand that photographs or video taken at this Event may be used in Retreat or Diocesan publications.

Signature: _____ **Date:** _____

IV. Medical Information *(Please read the options below, then check & sign those that are in accordance with your wishes.)*

In the event of an emergency, I hereby grant permission to transport my child/ward and obtain emergency medical or surgical treatment(s) from a licensed physician, hospital, or medical clinic. I hereby authorize medical personnel to release necessary information about his/her care to the parish or school group leaders(s) named here: **Justin Brown or Kelly Brown**. I wish to be advised prior to further treatment by the medical provider.

In the event that I cannot be reached, please contact _____ at _____.
(Emergency Contact Name) (Emergency Contact Phone Number)

Relationship to Youth: _____.

Family Physician: _____ Physician Phone Number: _____.

(Please check one of the following)

My child/ward is covered by hospitalization and medical insurance under policy # _____ issued by _____.

My child/ward does not have medical coverage and I assume responsibility for the cost of hospitalization and medical care for my child/ward.

Signature: _____ **Date:** _____

My child/ward is taking medications at present. He/she will bring all necessary medications and such medications will be well labeled. The names of, and concise directions for taking such medications, including dosage and frequency of dosage are as follows: **Medication:** _____ **Dosage:** _____

Signature: _____ **Date:** _____

No medication of any type whether prescription or nonprescription may be administered to my child/ward unless the situation is life threatening and emergency treatment is required.

Signature: _____ **Date:** _____

I hereby grant permission for nonprescription medication (such as acetaminophen, decongestant, cough syrup) to be given to my child/ward, if requested by my child/ward and deemed advisable by an adult chaperone.

Signature: _____ **Date:** _____

I wish to inform you of the following additional medical information and the recommended course of action (allergies, dietary restrictions, special conditions, learning modifications, etc.) _____

Signature: _____ **Date:** _____

I would like to have a member of the Event staff speak with me further regarding a medical concern or situation. Please contact me at _____

I ACT XI Retreat

Feedback 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 a commercial kitchen where all of our meals take place. A cozy chapel building for prayer and fellowship.

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or



I ACT XI Retreat: Camp Holy Cross in Goshen, MA Information Sheet

Arrival: Friday, May 18, 2018 between 6:00pm & 6:30pm for check in.

Departure: Sunday, May 20, 2018 12:30pm.

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

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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