



**High School Retreat**  
**February 27 – March 1, 2026 at Camp Zephyr**  
\$90 to be turned in upon registration  
(Cost covers food, lodging, and shirt)  
**REGISTRATION FORM**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Sex: \_\_\_\_\_ Email: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

ADULT T-Shirt Size:        S        M        L        XL        XXL

PARENT /GUARDIAN

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Deadline for Registration Form to be turned in at the price of \$90 dollars is **Sunday, February 22, 2025**.  
Any registrations after that will be at the price of \$105 ALL youth must ALSO turn in the **Required Zephyr Parent Waiver Form** along with Payment.

# ST. PIUS X YOUTH MINISTRY

## PARENT/GUARDIAN CONSENT & LIABILITY WAIVER

5620 Gollihar Rd. Corpus Christi, TX • (361) 993-4053 • blutz@stpiusxcc.org

### Life Teen Spring Retreat 2026

(Name of Event)

Participant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address (Address/City/Zip) \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_ Shirt Size \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### **CONSENT & LIABILITY WAIVER**

(To be filled out by Parent/Guardian of youth under 18 years of age.  
If participant is 18 years of age or older, consent must be signed by individual.)

I (Parent/Guardian name) \_\_\_\_\_, grant permission for my child,

(Participant's name) \_\_\_\_\_, to participate in Life Teen Spring Retreat 2026

to be held (Place of Event) Camp Zephyr, Sandia, TX.

on (date) 2/27/26 @ 5:30pm to 3/1/26 @ 2:30pm

*I agree on behalf of myself, my child's other parent if known or living (Name of Parent) \_\_\_\_\_, my child named herein, our heirs, successors, and assigns, to release and hold harmless and defend the Diocese of Corpus Christi, St. Pius X Catholic Church (its pastors, youth minister, principal, other agents, etc.) or any representatives associated with the scheduled activity from all damages, claims, suits, expenses and payments for injury to my child and/or property, including all damages, claims, suits, expenses and payments resulting from the negligence of the Diocese of Corpus Christi, St. Pius X Catholic Church, and/or their officers, directors and employees.*

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Date

### **PHOTOGRAPHY/VIDEOGRAPHY CONSENT**

*As parent/guardian, I understand that photos and video (individual and group) will be taken during this event, and I give permission for my son's/daughter's picture to be used for printed or online promotional materials.*

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Date

*Please complete the MEDICAL sections on the reverse side.*

## **MEDICAL INFORMATION**

Participant has had an episode of the following or has been diagnosed: Seizures ☐ Asthma ☐ Diabetes ☐

Immunizations are up to date: Yes ☐ No ☐ Date of last tetanus/diphtheria immunization \_\_\_\_\_

Has a medically prescribed diet? \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_ Medical Insurance Id #: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

Participant's **allergies**, if any, including medication and foods: \_\_\_\_\_

Participant's chronic medical problems (e.g. diabetes, epilepsy): \_\_\_\_\_

Participant's other physical restriction (if any): \_\_\_\_\_

Other Notes: \_\_\_\_\_

### **In case of emergency, whom should we contact if we are unable to reach a parent/guardian?**

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

## **MEDICAL CONSENT**

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of this participant.

### **Emergency Medical Treatment**

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

### **Medications**

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

Medication(s) \_\_\_\_\_ Administer/Dosage \_\_\_\_\_

*Of the following statements pertaining to medical matters, initial only those in accordance with your wishes:*

\_\_\_\_\_ I hereby **DO NOT GRANT PERMISSION** for medication of any type, whether prescription or nonprescription, to be administered to my child unless the situation is life threatening and emergency treatment is required.

\_\_\_\_\_ I hereby **GRANT PERMISSION** for nonprescription medication (Tylenol, throat lozenges, cough syrup, etc.) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter.

I fully understand the foregoing statements and sign this Parent/Guardian Consent & Liability Waiver knowingly, freely and willingly.

\_\_\_\_\_  
**Participant Name (please print)**

\_\_\_\_\_  
**Signature (Parent/Guardian)**

\_\_\_\_\_  
**Date**

**St. Pius X**  
**Hill Country Retreat**  
**What to Bring and NOT Bring**

**What To Bring?**

Comfortable and Modest Clothes  
Bedding (Sleeping bag or sheets)  
Pillow  
Tennis Shoes  
Toiletries  
Socks  
Towel  
Light Jacket/Rain jacket (check the weather)

Medications – must be labeled and turned in upon arrival  
Bible (optional)  
Rosary  
Journal (optional)  
Flashlight  
Shower shoes(optional)

**What NOT To Bring?**

Illegal Drugs  
Alcohol  
Guns, knives  
Cigarettes, lighters  
Gaming Devices  
Electronic devices\*  
Cell Phone\*\*

NOTES:       \*Includes iPads, game systems, etc  
                 \*\*We will take up cell phones at beginning of retreat and return them upon arrival. Parents call **(361) 813-3237** for emergencies and leave a message. Messages will be checked throughout the day.