☐ **Mens Fall Retreat Date**:

Sept. 16 - Sept. 19, 2021

Director: Jeff Caplis
(318) 617-9016
jwcaplis@msn.com

ACTS OF NORTHEAST LOUISIANA

Adoration • Community • Theology • Service

RETREAT REGISTRATION

☐ **Ladies Fall Retreat Date**:

Sept. 30 -Oct. 3, 2021

Director: Teresa DeLatin
(318) 210-8745
tdelatin@gmail.com

ACTS is a retreat ministry offering three-day Catholic retreats for men and women, ages 18 and over, led by a priest and lay members of several local parishes. The goal of the retreat is to help you deepen your relationship with Jesus Christ, receive spiritual renewal, give new meaning to Sunday liturgy and your prayer life, and build lasting relationships with members of our community.

***LOCATION*:** Round trip transportation from **St. Joseph Catholic Church (204 Patton Ave., Shreveport**) to the retreat center in Minden is provided for all retreatants. Sendoff is at the **St. Joseph Family Life Center** on **Thursday evening at 5:00pm**. The retreat ends on Sunday following the 12:00pm Mass at St. Joseph Catholic Church, followed by a reception at the Family Life Center.

COST: The cost of the retreat (room and board) is **$200.00**. Your **deposit** of **$75.00** must be submitted with this form in order to reserve your place. The remaining **$125.00** is due Thursday at send off. Please make your checks payable to **St. Joseph Catholic Church.** Post-dated checks will not be accepted and all checks will be processed and deposited upon receipt. We will not hold checks. There will be a $25 fee for all returned checks. If a retreat date becomes full, your deposit will be returned to you.

FINANCIAL SCHOLARSHIP: Financial difficulties should not prevent anyone from attending the retreat. If you are unable to pay all or part of the fee, financial arrangements can be made by notifying the retreat Director.

***MAILING ADDRESS*:** Mail (1) Registration Form, (2) Hold Harmless Agreement, (3) Emergency Medical Authorization, and (4) $75.00 deposit check to **NWLA ACTS, P.O. BOX 52761, SHREVEPORT, LA 71135**. These forms can **only be accepted by mail**, as each form is numbered as it is received. Registration is not complete until all forms are filled out completely. You will be notified by ACTS when ALL forms and check have been received. Contact the Director if you are not notified within 3 weeks of mailing.

Please Print Clearly

(circle one)

1. Name: _____ 2. Male / Female (circle one) 3. T-Shirt Size: S M L XL 2XL 3XL

4. Name as you want it to appear on your Name Tag: _____

5. Full Address: _____

6. Home Phone: _____ 7. Cell Phone: _____ 8. Work Phone: _____

9. Email: _____ 10. Date of Birth: _____
(must be 18 years of age at the time of the retreat)

11. Three Emergency Contacts:

Name	Relationship	Cell Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Do you have trouble climbing stairs? Yes / No (circle one) 13. Do you have trouble walking? Yes / No

14. I would like to be included in email updates for ACTS of Northeast Louisiana? Yes / No 15. I would like to have my contact information added in a Directory for this retreat? Yes / No

16. Do you play a musical instrument? Yes / No

17. List special dietary or medical needs, if any: _____

18. What church do you attend? _____
Name City

19. Check One:

____ I have included my deposit of $75.00 (Payable to St. Joseph Catholic Church), *or*

____ I have included the entire fee of $200.00, *or*

____ I have included partial payment with scholarship need

For Internal Use Only
Date received _____

HOLD HARMLESS AGREEMENT

To the fullest extent permitted by law, _____ releases and
(Participant)
agrees to defend, pay on behalf of, indemnify, and hold harmless Bishop Malone, the Diocese of Shreveport and St. Joseph Catholic Church (collectively, the "Sponsor"), its elected and appointed officials, its agents, employees and volunteers and others working on behalf of the Sponsor against any and all claims, demands, suits, or loss, including attorney's fees and all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the Sponsor, its elected and appointed officials, its agents, employees, volunteers, or others working on behalf of the Sponsor, by reason of personal injury, including bodily injury or death and/or property damages, including loss of use thereof, suffered by Participant.

Participant Signature: _____

Date: _____

WITNESS 1:

Printed Name: _____

Signature: _____

Date: _____

WITNESS 2:

Printed Name: _____

Signature: _____

Date: _____

ST JOSEPH CHURCH
EMERGENCY MEDICAL AUTHORIZATION

Name of Participant: _____

Social Security Number: _____ Home Phone Number: _____

Full Address: _____

PURPOSE: To enable participants to authorize emergency treatment should they become ill or injured while participating in church-sponsored event.

Directions: *1. Fill out PART I or PART II (do you **grant** consent or **refuse** consent in an emergency).*
2. Fill out PART III.

PART I – GRANT CONSENT In the event reasonable attempt to contact designated individuals as follows:

Emergency Contact 1: _____ Relation: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact 2: _____ Relation: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

I Grant Consent:

a) In the event reasonable attempt to contact the above designated individuals have been unsuccessful, I hereby give consent for:
(1) administration of any treatment deemed necessary by:
Preferred Physician: _____ Office Phone:_____
Physician #2: _____ Office Phone:_____

b) or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and transfer of the participant to _____ (preferred hospital) or any medical facility reasonably accessible.

c) to have facts concerning my medical history including allergies, medications being taken, and any physical impairments to which a physician/ dentist should be alerted.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring the necessity for such surgery, are obtained before surgery is performed.

I, the undersigned, understand that participation in activities inherently involve risk, including injury. As such, I hereby release, waive, discharge, and covenant not to sue from any loss, damage, or injury, including death, that may be sustained by myself, whether caused by negligence while participating in such activity where the activity is being conducted.

Facts concerning my medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Signature: _____ ***Date***: _____

PART II – REFUSAL TO CONSENT (only fill this part out if you do not fill out PART I)
I do not give my consent for emergency treatment of myself. In the event of illness or injury requiring emergency treatment, I wish the church authorities to take no action or to: _____
_____

Signature: _____ ***Date***: _____

PART III - (required) Please list any information regarding ongoing **medical conditions or medications** (ex. Bee stings, diabetes, etc.).

_____
_____
_____

Drug Allergies, if any:_____
_____
_____
_____:
_____