



COVECREST SUMMER 2023

Our Lady of Perpetual Help – Sweeny, TX

St. John the Apostle – West Columbia, TX

June 18th – 25th



CHECK OUT LAST YEAR'S FUN!!!!

COVECREST 2023

WHAT IS COVECREST?

- Covecrest is a part of the Life Teen movement, whose mission is to lead teens closer to Christ. We are a retreat center, mission base and summer camp, but most importantly, we are a home to any and all. Covecrest is a Catholic-Christian camp that offers mass, confessions, scripture-based themes, team building activities, and other prayers to help teens encounter Christ and His Church.

PLEASE NOTE THAT ALL YOUTH THAT REGISTER WILL BE GOING WHITE WATER RAFTING. STAYING BEHIND IS NOT AN OPTION UNLESS SERIOUSLY ILL

WHEN IS COVECREST?

- June 18th – 25th
- Please note these are tentative dates. This is the week we are submitting; however, it is not guaranteed by Lifeteen. Lifeteen will know our reasons, but the assigned week could change

WHERE IS COVECREST?

- LIFE TEEN COVECREST, 25 FALLS DR., TIGER, GA 30576

HOW DO WE GET THERE?

- All participants and chaperones will travel by charter bus.

PLEASE NOTE THAT CELL PHONES AND ALL ELECTRONIC DEVICES WILL NOT BE ALLOWED AT CAMP OR ON THE BUS RIDE. ALL CONTACT WITH YOUR PARTICIPANT DURING THE WEEK WILL BE DONE THROUGH CHAPERONES

HOW DO I REGISTER?

- Step 1: Complete registration packet and Interview
- Step 2: Follow payment schedule
- Step 3: Complete Covecrest online paperwork

COVECREST REGISTRATION PAYMENT

\$950 PER YOUTH

IT IS IMPORTANT YOU UNDERSTAND THE PAYMENT SCHEDULE FOR COVECREST AND THAT ANY PAYMENTS, INCLUDING THE INITIAL \$150 DEPOSIT TO OUR LADY OF PERPETUAL HELP CATHOLIC CHURCH, ARE **NON-REFUNDABLE** _____ (initial). PLEASE REVIEW THIS PAYMENT SCHEDULE. SIGN BELOW INDICATING YOUR AGREEMENT TO THESE TERMS.

<u>DATE</u>	<u>BALANCE</u>	<u>PAYMENT</u>
	\$950	
REGISTRATION	\$800	\$150 (deposit) -> DUE AT TIME OF REGISTRATION
OCT. 1 ST	\$600	\$200
NOV. 1 ST	\$400	\$200
DEC. 1 ST	\$300	\$100
JAN. 1 ST	\$200	\$100
FEB. 1 ST	\$100	\$100
MAR. 1 ST	\$0	\$100
TOTAL:		\$950

COST BASED ON THE FOLLOWING:

1. \$585 CAMP FEE FOR ALL YOUTH
2. \$10,000 PER CHARTER BUS RENTAL (TAKING 2 BUSES)
3. CHAPERONES ARE NOT CHARGED FOR THEIR PARTICIPATION

THE \$950 WILL GO TOWARDS COVERING CAMP COST, BUS RENTAL, AND CHAPERONE COST. THIS AMOUNT STILL FALLS SHORT THAN MOST OTHER CAMPS, EVEN IN STATE

*FINAL PAYMENT DUE BY MARCH 1ST, **NO EXCEPTIONS**. MUST BE PAID IN FULL AS THE PARISH BALANCE IS DUE TO COVECREST & TRANSPORTATION PROVIDER.

*PLEASE NOTE THAT ANY AMOUNT CAN BE PAID AT ANYTIME BUT PAYMENTS MUST TOTAL REQUIRED AMOUNT BY RESPECTIVE DUE DATE

*FINANCIAL ASSISTANCE AVAILABLE PENDING DISCRETION VIA COVECREST FINANCIAL COMMITTEE. PLEASE CONTACT PARISH OFFICE FOR MORE INFORMATION

I HAVE READ THE ABOVE COVECREST PAYMENT SCHEDULE AND AGREE TO THE TERMS

PARENT/GUARDIAN SIGNATURE: _____

PRINTED NAME: _____ DATE: _____

YOUR COPY

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PRINTED NAME: _____ DATE: _____

COVECREST HONOR CODE

IN ORDER TO FULLY PREPARE OURSELVES, INCLUDING OUR MINDS AND HEARTS, FOR THIS TRIP, THE COVECREST COMMITTEE ASKS FOR ACKNOWLEDGEMENT AND ADHERANCE TO THE FOLLOWING STATEMENTS. PLEASE INITIAL NEXT TO EACH STATEMENT AS ACKNOWLEDGMENT OF THIS HONOR CODE.

PARENT/GUARDIAN
INITIAL

PARTICIPANT
INITIAL

I **WILL** refrain from bringing any restricted items including, but not limited to, cell phones, iPad/tablets, computers, tobacco products, illegal drugs and alcohol, juuls or other vaping devices, weapons of any kind (including guns or knives), lighters, portable gaming devices.

I **WILL** adhere to all clothing and covering guidelines in accordance with modesty expectations. This includes, but is not limited to, no short shorts, no thin-strapped tank tops, no crop tops, no tight pants, no plunging necklines, and appropriate swimwear. For further clarification, please find the "Guidelines for Modesty" on the Cove Crest website.

I **WILL** refrain from any public displays of affection or sexual interaction, including kissing, hugging, touching, or anything that might be deemed unnecessarily romantic.

I **WILL** pay respect to and adhere to any rules, suggestions, and overall instruction given by chaperones, counselors, or any other leadership personnel at all times including curfew requirements and the three-person rule.

BY INITIALING ABOVE AND SIGNING BELOW, I UNDERSTAND AND AGREE TO FOLLOW THE GUIDELINES ABOVE. ANY ACTION FALLING OUTSIDE OF THESE GUIDELINES AS PER THE CHAPERONE'S DISCRETION WILL RESULT IN THE PARTICIPANT BEING SENT HOME AT THE PERSONAL COST OF THE PARENT/GUARDIAN INCLUDING TRANSPORTATION COSTS (BUS FARE, AIRFARE, ETC.) FOOD, AND HOTEL ACCOMODATIONS.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARTICIPANT SIGNATURE: _____ DATE: _____

COVECREST INTERVIEW

In order to fully prepare our minds and hearts to attend Covecrest, Father Preston will be conducting interviews of both the participant and the participant's parents. This interview is intended to demonstrate the participant's (and their parent's) obedience to the rules, maturity, and willingness to go. Attending Covecrest is a privilege afforded only to those who respect the chaperones and follow the guidelines set in this packet and by Father Preston. The interview with Father Preston is non-negotiable and any potential participant that refuses or does not participate in the interview process will not be allowed to attend Covecrest with Our Lady of Perpetual Help or St. John the Apostle Catholic Churches.



PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARTICIPANT SIGNATURE: _____ DATE: _____

Archdiocese of Galveston-Houston | Office of Adolescent Catechesis and Evangelization

PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Participant's Name: _____ Date of Birth: _____

Home Address: _____ City/Zip Code: _____

Parent(s)/Guardian(s): _____

Home Phone: (____) _____ Alternate Phone: (____) _____

Parish or Catholic School: _____ Grade: _____ Age: _____ Sex: _____

Email Address: _____

T-Shirt Size (Please Select one): ☐ Small ☐ Medium ☐ Large ☐ XL ☐ 2XL ☐ 3XL ☐ 4XL

CONSENT & LIABILITY WAIVER

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

I (name of parent/guardian) _____, grant permission for my child, (participant's name),
_____ to participate in (event) _____
to be held (date) _____ (time) _____ at (location) _____.

In consideration of my child's participation in this event, I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns to indemnify, hold harmless and defend the Archdiocese of Galveston-Houston, the sponsoring parish, its pastor, youth ministry leader, principal, other agents, employees or other representatives associated with the event from any and all injuries, losses or claims arising out of my child's participation in the event.

In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.

Signature (Parent/Guardian)

Date

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies and rules established for this event/activity (see Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

Signature (Youth Participant)

Date

VIDEO/PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video etc.) in highlighting the event.

Signature (Parent/Guardian)

Date

Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

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 and I understand that all financial obligations are my responsibility.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship _____ Phone _____

Family Doctor _____ Phone _____

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

My child is taking the following medication at the present time.

Medication(s): _____ Dosage: _____

Administer: _____

_____ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription, to be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information

(Archdiocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

- Has had an episode of the following or has been diagnosed: ___ Seizures ___ Asthma ___ Diabetic
- Allergic reactions to the following (foods, dyes, latex etc.) _____
- Has had a medical surgery within the last six months? ___ Yes ___ No still under doctor's care? ___ Yes ___ No
- Has a medically prescribed diet? _____
- The following physical limitations? _____
- Immunizations current and up to date: ___ Yes ___ No Date of last tetanus/diphtheria immunization _____
- You should also be aware of these special medical conditions of my child (e.g. depression, anxiety, etc.): _____

Insurance Information: ___ No, I do not carry medical insurance at this time.

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____ Day Phone: _____

Mother's Name: _____ Day Phone: _____

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself). I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

Signature (Parent/Guardian) Parent/Guardian must sign for anyone under 18 years of age.

Date

Signature (Participant 18 years of age or older must sign own consent)

Date