

**THE LEGION OF MARY ARLINGTON SENATUS
2024 TEENAGE ENRICHMENT FOR THE APOSTLES OF MARY
T.E.A.M. RETREAT**

IN COLLABORATION WITH HOLY TRINITY JUBILEE PARK INC.

**Blessed Carlo Acutis: A Techie Saint
for Teens**

SATURDAY, JUNE 28, 2025

8:00 AM – 5:00 PM

4407 ALDIE ROAD, CATHARPIN, VA. 20143



**Rev. Francis Peffley
TBD**

Join us for a day long outdoor retreat filled with prayers, skits, fun games, and other exciting activities. The fee includes a full day of fun retreat and snacks. Please bring bag lunch, water, rosary and bug spray. Wear rubber shoes, pants, and modest outfit, no flip-flops.

For more information, call:

Dr. Seggy Acosta (703)392-6420, Irving Vargas (571)799-6968

Cost: \$ 35.00 per child \$60.00 per family (2 or more kids)

\$ 45.00 (late registration after Friday, June 20, 2025)

Please make check payable to: **Holy Trinity Jubilee Park Inc.**

Credit cards accepted. Scholarships available based on financial needs. Call Dr. Acosta for both.

Send Payment, Registration Form/ Liability Release form to: Holy Trinity Jubilee Park Inc. c/o Trinidad Tonoleté 10260 Greystone Road, Manassas, VA 20111

COMPLETE THE ATTACHED FORM AND MAIL WITH PAYMENT

HOLY TRINITY JUBILEE PARK INC. (HTJP) CENTER FOR EVANGELIZATION LIABILITY RELEASE, MEDICAL AND TRANSPORTATION AUTHORIZATION, AND REGISTRATION FORM

1. We, _____ (print) the undersigned Retreat Participant and Parents/Legal Guardians of the Retreat Participant do hereby jointly and severally release, forever discharge and agree to hold harmless the Diocese of Arlington, Legion of Mary, and Holy Trinity Jubilee Park Inc., including but not limited to their respective staff, volunteers, priests and advisors from and against any and all liability, claims, demands, lawsuits, and expenses arising from the personal injury, sickness, death, or personal property damage of any nature whatsoever which may be incurred or suffered by the undersigned participant or by the participant's parents or legal guardians while attending the TEAM Retreat on the following date(s): _____

2. Furthermore, the undersigned jointly and severally also do hereby assume all risk of personal injury, sickness, death, damage, and expenses arising from the participant's participation in all activities. Further, we do also hereby jointly and severally give authorization and permission for the participant to be given all necessary transportation to and from the TEAM retreat locations.

3. The undersigned jointly and severally do further hereby agree to indemnify and hold harmless the Diocese of Arlington, Legion of Mary, and Holy Trinity Jubilee Park Inc. including but not limited to their respective staff, volunteers, priests and advisors from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney's fees and expenses sustained by the indemnities as a result of the negligent, willful, or intentional acts of the participant.

4. The undersigned Parents/Legal Guardians hereby grant permission for our child to participate fully in the TEAM activities. We also specifically give our permission to the TEAM retreat staff to take the minor participant to a doctor or hospital should the need arise in the estimation of the TEAM staffers. We further hereby authorize the TEAM staffers to agree to any needed medical treatments for the minor participant, including but not limited to emergency surgery and we hereby agree fully and completely to assume responsibility for any such medical bills.

The undersigned acknowledge their responsibility jointly and severally to provide truthful and current health information. The undersigned further understand and acknowledge that their failure to disclose relevant information may cause harm to them, their child, and/or others during participation in the events at the park. The undersigned further jointly and severally represent and warrant that they have provided all materials and important information pertaining to medical, mental, and physical condition related to the participant and agree to notify HTJP of any changes in the medical, physical, or medical condition prior to the scheduled event.

Allergies: _____

Medical/Mental Conditions: _____

Physical Limitations: _____

Medications: _____

5. We further jointly and severally acknowledge that all the TEAM retreat programs are strictly voluntary, and it is always the responsibility of the participant to limit his/her participation in any way that he/she deems appropriate. Participant agrees and acknowledges by his/her signature below that he/she is to obey all rules and all safety regulations. The parents/legal guardians hereby acknowledge their understanding that their child may not be able to adequately perform certain activities and that all such participation is left entirely to the discretion of HTJP staffers as to any or all of the retreat activities. Further, the parents/legal guardians also acknowledge and agree that should it be necessary for the participant to return home due to medical reasons, disciplinary actions, failure to follow safety regulations, or otherwise, the parents/legal guardian who sign below shall assume all responsibilities and transportation costs.

Name of Participant: _____ Age: _____ School: _____ Parish: _____

Address: _____

Email: _____ Home# _____

cell# _____

SIGNATURE AND AGREEMENT OF PARTICIPANT: _____ Date of Signature: _____

SIGNATURE AND AGREEMENT OF FATHER: _____ Date of Signature: _____

EMERGENCY PHONE NO: _____

SIGNATURE AND AGREEMENT OF MOTHER: _____ Date of Signature: _____

EMERGENCY PHONE NO: _____

SIGNATURE AND AGREEMENT OF LEGAL GUARDIAN* _____ Date of Signature: _____ EMERGENCY PHONE

NO: _____ (As Applicable)