



Archdiocesan Jr. High Youth Rally

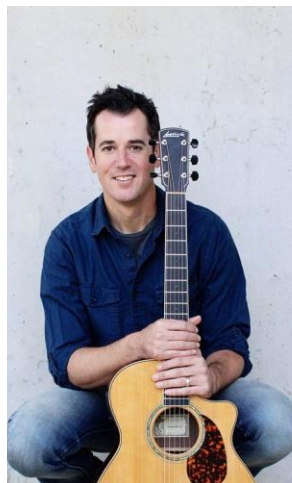
Saturday, February 24, 2018

Sts. Simon and Jude in the Woodlands

Event is 10:30 a.m. – 9:00 p.m. plus travel time to and from

For all youth in Grades 6th-8th

Featuring
National
Musician and
Speaker
Cooper
Ray



- Early Registration due Sunday, January 28 - \$45.00 St B parishioners; \$55 for non-parishioners not attending St. B's EDGE
- Late Registration due Tuesday, February 6 - \$55.00 St B parishioners; \$65 for non-parishioners not attending St. B's EDGE

Registration forms can be found in the Parent News, or on the website www.stbchurch.org
=> Faith Formation => Jr High



2018 Archdiocesan Junior High Youth Rally Frequently Asked Questions

How much is the Archdiocesan registration fee?

The early registration fee is due Sunday, January 28th, \$45 for St. B Parishioners, \$55 for non parishioners who are not attending St. B's EDGE program.

Late registration fee is due Tuesday, February 6, \$55 for St. B Parishioners, \$65 for non parishioners who are not attending St. B's EDGE program. **NO REGISTRATION WILL BE ACCEPTED AFTER FEBRUARY 6, 2018!** All fees are nonrefundable.

What is included in the Archdiocesan registration fee?

All activities and sessions, Saturday entertainment, T-shirt, lunch and dinner.

Do chaperones have to pay?

Yes, we do have to pay for all chaperones, but St. Bernadette picks up your fee..

Will participants need additional money?

The youth may want to bring a few dollars for Mass Offering, souvenirs merchandise and extra snacks which will be sold.

What is the cancellation policy?

Registration fees are non-refundable. However, substitutions may be made.

Who may attend the Archdiocesan Junior High Youth Rally?

Sixth through eighth graders are invited to attend the rally! The Archdiocesan Junior High Youth Rally is developmentally appropriate for early adolescents. Participants younger than 6th grade and older than 8th grade will not be permitted to attend the Archdiocesan Junior High Youth Rally.

Who may chaperone the Archdiocesan Junior High Youth Rally?

Individuals must be at least 21 years or older, and have been cleared through the Safe Environment/VIRTUS Program to be considered a chaperone for the Archdiocesan Junior High Youth Rally. There must be at least one adult for every six early adolescents in attendance.

What time is check-in and registration?

Rally check-in will begin at 10:30 a.m. Only Parish contacts need to come to the registration table to receive the rally materials for their parish group. For those who have all their paperwork in and are not making substitutions, registration is quick and painless. Please make sure that you do not arrive earlier than the set time. This will allow our team to complete set-up and rehearsals.

St. Bernadette will leave our area at least 90 minutes prior to this time. Location for drop off is TBD, depending on if we get a bus or not.

When will we receive the rally t-shirts?

T-shirts will be given to the parish contact at the registration table. Most people like to wear their T-shirt over their clothes for the day.

What should we bring to the rally?

Most groups like to bring small items to trade. We provide lunch and dinner. If someone in your group has dietary restrictions, and/or would want more snacks, drinks, etc., you may want to bring those as well. **Youth will also be asked to bring items that will support our service projects. They will receive the requested items at a later date.**

2018 ARCHDIOCESAN JUNIOR HIGH YOUTH RALLY



CODE OF CONDUCT

Parish contacts are responsible for the youth they accompany. Each parish should send one adult for every six youth. Adults should review these guidelines with each participant before they arrive at the rally.

- Each participant indicates complete understanding and agrees to abide by these guidelines by signing the space provided on the Archdiocesan Permission and Liability Form.
- I agree to have the best possible time at the rally, and to share the spirit of Christian joy and friendship with other participants.
- I agree to be prompt, to attend all rally sessions, and to participate in all rally activities.
- I agree to wear my Junior High Rally nametag around my neck during all rally activities.
- I agree not to use alcohol, tobacco products, or illegal drugs while at the rally, nor to be present while others use these substances.
- If I have a cell phone, I agree to have it turned off during all sessions this includes texting. I agree not to bring video games, MP3 players, or computer pads or tablets.
- I agree to respect all property of Sts. Simon & Jude Parish. I shall not destroy nor remove any property of the facility. I will be financially responsible for any damages that I may cause.
- Lastly, I agree, with God's help, to contribute to the overall success of the 2018 Archdiocesan Junior High Rally.
- Note: I understand that if I do not observe these guidelines at any time, I may be asked to leave the rally.

(Please sign in the spot located on the Archdiocesan Liability and Medical Release Form)



2018 ARCHDIOCESAN JUNIOR HIGH YOUTH RALLY



REGISTRATION FORM

Early Registration: Due Sunday, January 28
\$45 for St. Bernadette Parishioners,
\$55 for non-parishioners not attending EDGE

Late Registration: Due Tuesday, February 6
\$55 for St. Bernadette Parishioners,
\$65 for non-parishioners not attending EDGE

Price Includes: Grand Midway Lunch & Dinner T-shirt Dance Workshops Music Games

_____ Youth _____ Chaperone (21 yrs. or older)

Parish/Group: St. Bernadette

First Name: _____ **Last:** _____

Address: _____

City: Zip: _____

Phone: _____ **M/F** _____

Parent Email: _____

Age _____ **Grade in school (Please Circle One):** 6th 7th 8th

T-shirt size: _____ (SM, MED, LG, XL, XXL, or XXXL)

Do you need a vegetarian option for meal? _____

Return this form to your adult contact with the following items:

- Payment
- Parental Consent/Liability Waiver & Medical Consent Form.

(For parish use only...Do not submit to OACE)

For all those under 21 years of age

Archdiocese of Galveston-Houston Office of Adolescent Ministry 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 Number: (____) _____ Cell Phone or Work
Parish or Catholic School _____ Grade _____ Age _____ Sex _____
Participant's Email Address _____
Parent's Email address: _____

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) **2018 Archdiocesan Junior High Youth Rally** to be held (date)
February 24, 2018(time) **10:30 a.m.—9:00 p.m.** at (location) **Sts. Simon & Jude Catholic Church, The Woodlands, Texas**

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 _____

For all those under 21 years of age

ARCHDIOCESE OF GALVESTON-HOUSTON

MEDICAL CONSENT FORM

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 may 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 _____

For all those 21 years of age and older

**Archdiocese of Galveston-Houston
Key Leader, Chaperone and Young Adult Assistant
Medical Release and Liability Form
Archdiocesan Junior High Youth Rally, February 24, 2018**

I, _____, do hereby release, hold harmless and discharge the Archdiocese of Galveston-Houston, the parish, its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my participation in this event. I waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of this event. I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

Print Name _____ Date: _____

Address _____

City _____ Zip _____

Parish _____

Home Phone (____) _____ Work Phone (____) _____

Physician's Name _____ Phone (____) _____

(The following request is pertinent information if you rendered unconscious)

Date of Birth (including year): _____ Age: _____

Date of last Tetanus shot: _____

Please list **ALL** medical conditions / allergies / special health information including bouts with depression and anxiety:

Please list **ANY** medications (prescription or non-prescription) you would like us to be aware of:

Do you have Medical Insurance: Yes No

If Yes, Please provide the following information: Insurance Company: _____

Policy in the name of: _____ Policy Number: _____

Name of Emergency Contact: _____ Phone Number: (____) _____

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.

 X
Signature

In signing the line above 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 adult chaperones/young adult assistants, I understand that there will be consequences for my actions, which could include being asked to leave the event.