



2018

EXTREME CHALLENGE

SATURDAY, APRIL 21, 2018

ST. CYRIL OF ALEXANDRIA CATHOLIC CHURCH

10:00 A.M. - 4:00 P.M.

HOUSTON, TEXAS

Do you have what it takes? Come and test your skills with Junior High Youth groups from around the Archdiocese in the wackiest, messiest, physically and mentally challenging games you have ever experienced.



2018 Extreme Challenge is a day of fun and fellowship where young people in grades 6th -8th play crazy games, build community, share a meal and celebrate our faith in prayer. Physical condition or skill level doesn't matter; there are games for everyone. Cost \$25.00 per person (includes lunch) until April 8, 2018. After April 8th late fee of \$10.00 will be added until April 15, 2018. All registration must be in the office by April 15, 2018.



Extreme Challenge Registration Form

Name _____ M/F _____ Grade _____

Address _____ City _____ Zip _____

Phone _____ Age _____ Grade: _____ Parish/Group _____



Please provide me with a Vegetarian Option _____ (Due to the number of people, we are only able to provide a vegetarian option. If you have a special diet, you may want to bring your own lunch.)

Return this form to Marianne Bartos, or to the front office, with the following items:

1. Payment \$25.00 before April 8, 2018. (Fee after April 8 – April 15, 2018 is \$35.00)
2. Parental Consent/Liability Waiver & Medical Consent Form or Adult Medical



Sponsored by the Office of Adolescent Catechesis and Evangelization

For participants 21 years of age and older

Archdiocese of Galveston-Houston
Key Leader, Chaperone and Young Adult Assistant
Medical Release and Liability Form

21 years and older

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, I understand that there will be consequences for my actions, which could include being asked to leave the event.

**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 _____

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) Extreme Challenge to be held (date) April 21, 2018
(time) 10:00 a.m.—4:00 p.m. at (location) St. Cyril of Alexandria Catholic Church, 10503 Westheimer, Houston, TX 77042

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 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

Keep this page for your information

2018 EXTREME CHALLENGE

Saturday April 21, 10:00 a.m. - 4:30 p.m.
St Cyril of Alexandria Catholic Church

INFORMATION SHEET



TEAM MEMBERS

Parishes may enter three teams into the challenge. Each team may have an unlimited number of members, but only 6 members from the team may compete in an event. The teams are allowed to make substitutions. Attention All adults, there will also be an adult category for chaperones to participate in a few games.

BANNERS & SHIRTS

Each team is encouraged to make and bring a banner that represents their group. Banners will be hung on the wall during the rally and may be made out of paper or other materials. A recommended size is 4 feet tall by 6 feet long. Each team is also encouraged to design a T-shirt for their team uniform. Awards will be given for best banner and T-shirt designs.

CHEER CONTEST – Each team will be asked to come up and present a cheer to the judges. Cheer will be done as a whole parish with each member participating. Cheers may not be more than 2 minutes and must copy with safety standards. Teams will be judged on originality, group dynamics and of course, spirit.

EVENTS/ACTIVITIES/RULES

A complete list of events and rules will be sent to parishes upon registration. The events in the planning are various games, messy relays/challenges, cheer contest, prayer service and our famous Catholic trivia contest; *The Lion's Den*.

CLOTHING

Youth are asked to wear appropriate clothing throughout the day. No short-shorts, halter-tops or T-shirts with inappropriate advertising or sayings should be worn. Also please have your youth keep in mind that they may get messy so you may also want to wear something that can get dirty.

SCORING & AWARDS

Although the Extreme Challenge main focus is fellowship, we will be giving awards. Teams will earn points based on several factors (i.e. best times, first to finish teamwork, etc.) for each event. Ribbons will be awarded for certain events. At the end of the Challenge, points will be totaled to determine first, second and third places. Ribbons will be distributed at the Awards Ceremony.

WHAT TO BRING

Change of clothes (Due to game play)	Hat	Sunglasses
Towel (wipe off the sweat and any mess)	Sunscreen	Extra money for snacks
Blanket, beach towel or lawn chair for seating outside		

FOOD

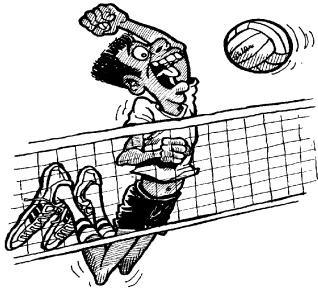
Lunch will be provided but you may want to bring your own cooler for water, extra drinks and snacks for your youth. If you require special dietary needs, you are asked to bring them. We are only able to provide a vegetarian option.

WHO MUST REGISTER?

All those attending must register for the event including chaperones. There will be a couple of events just for those who are kids at heart. **REGISTRATION DEADLINE IS April 8, 2018 WITH LATE REGISTRATION DEADLINE OF APRIL 15, 2018.**



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2018

EXTREME CHALLENGE

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 and their parent(s)/legal guardian must sign below to indicate that you understand and agree to abide by these guidelines:

- I agree to have the best possible time at the Extreme Challenge, and to share the spirit of Christian joy, friendship and sportsmanship with other participants. I understand that because of the nature of the games, I must listen carefully to all instructions and not to engage in any unauthorized activity or horseplay, which could cause harm to myself and/or others.
- I agree to be prompt and on time to schedule events, and to participate in all day's activities.
- I agree to wear my Extreme Rally badge in a visible spot during all activities.
- Alcohol, Cigarettes, Weapons or Illegal Drugs are strictly prohibited. I agree neither to use or possess them nor to be present while others use these substances.
- Christ like behavior is expected of me at all times. Inappropriate contact, touch, gestures; language or activity of an offensive nature is **NOT ACCEPTABLE**.
- I agree to respect all property of **St. Cyril of Alexandria Catholic Church**. I shall not destroy nor remove any property of the facility. I will be financially responsible for any damages that I may cause.

YOUTH: I agree to abide by this Code of Conduct. As a representative of the Catholic Archdiocese of Galveston-Houston, I am asked to project an image of Christian consideration, sensitivity and respect for others and the property around me. Infractions of these codes will result in Event Staff/ Youth Leader discussing the infraction with me. In the unlikely event that a behavior problem requires action, my parent(s) or legal guardian will be notified and I will be dismissed from the event. My parent(s)/legal guardian will be expected to pick me up or I will be sent home with my adult chaperone at my own expense.

PARENT: I accept the conditions stated above regarding my child's participation at the Extreme Challenge.

PLEASE HAVE BOTH YOUTH AND PARENT SIGN THE CODE OF CONDUCT BOX LOCATED ON THE ARCHDIOCESAN PERMISSION / LIABILITY AND MEDICAL RELEASE FORM.