

Junior High Call to Action
August 25, 2018
Youth Registration Form
(Please Print Legibly)

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Parish: _____

T-Shirt Size: (Adult Sizes Only)

_____S _____M _____L _____XL _____2X _____3X

Conference Code of Conduct:

1. The possession of weapons, drugs, alcohol, or tobacco is not tolerated.
2. Dress is casual for the conference, but clothing with obscene or offensive language or pictures, alcohol or tobacco logos, or writing on the buttocks will not be permitted.
3. Nametags must be worn all day long and will be the ticket for admittance to all events.
4. All in attendance are expected to respect their peers, presenters, and adult leaders at the conference.
5. Language and conduct must reflect Catholic values.
6. Participants must remain on the property of St. Michael Parish at all times throughout the day.

Violation of any of these rules are grounds for a participant's immediate dismissal from the conference and the calling of the youth's parents/guardians to pick them up from the conference.

I _____ (participant's signature) on this day _____ (date)
have read the code of conduct and agree to abide by all the aforementioned rules.

Junior High Call to Action
August 25, 2018
Parent/Guardian Consent Form and Liability Waiver

I, _____, parent/guardian, request that my child _____ from _____ parish, be allowed to participate in the Jr. High Call to Action, sponsored by the Archdiocese of Louisville on August 25, 2018, at St. Michael's Catholic Church parish grounds, Jeffersontown, KY.

In consideration of permitting my child to attend and participate in this event, I do hereby, for myself and my child, waive and release any and all claims that I might have against St. Michael Parish, The Archdiocese of Louisville, and any chaperones or representatives associated with the Junior High Call To Action for any injuries or losses suffered by said child while engaged in the above activities.

In case of any medical emergency, I understand that every effort will be made to contact the parents or guardians of the child participating in the Junior High Call to Action Day. In the event that I cannot be reached, I hereby give permission to the physician selected by the event sponsor to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named herein. Further, I accept any and all financial responsibility as a result of scheduling necessary emergency medical treatment.

Signature of Parent/Guardian _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Emergency Contact _____ Phone _____

Allergies _____

Current Medications Taken by Youth _____

Any Special Dietary Needs? _____

Please initial one of the following:

_____ I give permission for non-prescription medication such as Tylenol, cough drops, and lozenges to be administered to my child, if deemed necessary.

_____ Medication of any sort, whether it is prescription or non-prescription, may not be administered to my child unless emergency treatment is required.

ST. PATRICK YOUTH MINISTRY PERMISSION/MEDICAL WAIVER

PERMISSION INFORMATION

NAME OF YOUTH _____ I, _____

parent/guardian request that my child, named above, be allowed to participate in the activity

_____ on(date) _____ sponsored by St.

Patrick Catholic Church. The programmatic/education purpose of these activities will focus on one or more of the following components: Social, Service or Spiritual.

I further give my permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while participating in the above activities.

I give my permission to use my child(ren's) name, photograph and/or videotaped image in print/video on the St. Patrick Website, St. Patrick or YM Facebook Pages or St. Patrick's YM Instagram and Twitter _____ Yes _____ No

I give my permission for the Youth Minister to TEXT my child(ren) regarding Youth Ministry events. _____ Yes _____ No

In consideration of permitting my child to attend and/or participate, I do hereby, for myself, and my child (children), waive and release any and all claims that I might have against St. Patrick Catholic Church, the Archdiocese of Louisville, the Director of Youth Ministry and any chaperones or designated drivers of a van, bus, car or vehicle, for any and all injuries or losses suffered by said child(ren) while engaged in the above activities.

In case of any medical emergency, I understand that every effort will be made to contact the parents or guardians of the child participating in the Youth Ministry Programming of the parish. In the event that I cannot be reached, I hereby give permission to the physician selected by the Youth Minister to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

Signature of Parent/Guardian

By checking this box, I agree this is my electronic signature.

Date

Please sign or type your electronic signature & Date

MEDICAL INFORMATION

Youth Name _____ Date of Birth _____ Male _____ Female _____

Current Grade _____ Youth Cell Phone _____ Youth E-Mail _____

Parent/Guardian Name _____

Address _____ Parent Email(s) _____

Mom Cell # _____ Dad Cell# _____ Home/Work _____

Medical Info: Is your child in general good health and able to participate in normal activities?

Yes _____ No _____ (Please submit a statement indicating limitations.) Please call or write if I should know anything else about child's history. **Food Allergies:** _____

Medicine Allergies: _____ **Other Allergies:** _____

Current Medications: _____

Please notify Youth Minister if your child has been exposed to any communicable disease during 3 weeks prior to an activity.

Doctor Information:

Family Physician or Clinic: _____ Physician Phone #: _____

Insurance Information:

Insurance Company: _____ Policy # _____ Group # _____

Emergency Contacts

Name/Phone _____

Name/Phone _____

In case of any medical emergency, I understand that every effort will be made to contact the parents or guardians of the child participating in the Youth Ministry Programming of the parish. In the event that I cannot be reached, I hereby give permission to the physician selected by the Youth Minister to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

Signature of Parent/Guardian

By checking this box, I agree this is my electronic signature

Date

Please sign or type your electronic signature & Date

Please direct questions or return form to: **Jonna O'Bryan, Director of Youth Ministry at**
244-6083 ext 102 Office or (812) 449-6560 Cell or jobryan@stpatrick-lou.org

Junior High Call to Action
August 25, 2018
Adult Registration Form
(Please Print Legibly)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Parish: _____

Gender (Please Circle): Male Female

T-Shirt Size: (Adult Sizes Only)

_____ S _____ M _____ L _____ XL _____ 2X _____ 3X

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I _____ (adult's signature) on this day _____ (date) have read the code of conduct and agree to enforce all the aforementioned rules.

Guidelines for Adult Chaperones
Jr. High Call to Action
August 25, 2018

- All adult chaperones are responsible for helping enforce Rally Code of Conduct
- Each adult is responsible for the youth from their parish group throughout the event. Please review the code of conduct with all participants.
- All adults and youth are expected to attend all Rally events
- Each parish leader must provide their own first aid kit. Medical assistance will be available during the rally.
- Adult participants are to refrain from drinking alcoholic beverages and smoking during the duration of the Rally.
- Adult chaperones do not have the authority to adjust schedules or change code of conduct.
- Adults should sit with their parish youth during gatherings in the main room. Do not hesitate to give proper guidance to any youth that may be disrupting or distracting others.
- The parish leader should pick up the registration packets for their entire group on Saturday, August 25 between 9:00 and 9:15am.

I, as an adult chaperone attending the Junior High Call to Action, agree to abide by these guidelines.

(Adult Chaperone)

Date

(Parish)

Junior High Call To Action
August 25, 2018
Tentative Schedule

9-9:15	Groups arrive and check in at Registration.
9-9:30	Ice-Breakers and Games as groups arrive.
9:30	Welcome and Opening Prayer
10	KEYNOTE: *JOE MELENDREZ
11	Small Group Activity
11:45	Lunch Break (Pizza will be served)
12:30	Service Opportunities-pack meals with "Love the Hungry," assemble personal care items for St. Joe's foster youth, etc.
2	Bathroom Break/Snacks
2:30	KEYNOTE: JOE MELENDREZ (Simultaneous Parent Workshop With **Dr. Scott Hedges)
3:30	Prepare for Mass
4	Mass in Church
5	Good-Bye; Clean Up

**Joe Melendrez has forged a unique path to becoming one of America's most exciting Catholic performers. With a BA in Religious Studies from the University of Dayton, Joe has become a professional retreat leader and religion teacher in Los Angeles, CA. His electric ministry of music and evangelization has taken him to Europe, Africa, Australia, South America, and all across the USA. He is a popular speaker at the National Catholic Youth Conference (NCYC).*

***Dr. Scott Hedges is a psychiatry specialist in Louisville, KY and has been practicing for 27 years. He was awarded "Physician of the Year" in 2012.*

Directions to St. Michael Parish
3705 Stone Lakes Dr
Louisville, KY 40299

Directions from the South (Nashville):

Take I-65 N until you get to I-265 (Gene Snyder)
Turn onto I-265 East/North
Get off I-265 at the Jeffersontown Exit and turn left
St. Michael will be on the right on Stone Lakes Drive

Directions from the North (Downtown Louisville):

Take I-65 S until you get to I-265 (Gene Snyder)
Turn onto I-265 East/North
Get off at the Jeffersontown Exit and turn left
St. Michael will be on the right on Stone Lakes Drive

Directions from the East (Lexington):

Take I-64 into Louisville until you get to I-265
Turn onto I-265 West/South
Get off at the Jeffersontown Exit and take a right
St. Michael will be on the right on Stone Lakes Drive