

READY?

ARE YOU READY TO LIVE OUT YOUR GOD GIVEN TALENTS?



YOUTH DAY 2018



MARCH 24, 2018

9AM-5PM

WHERE: ST. MONICA CATHOLIC CHURCH

WHY: SO THAT OUR YOUNG PEOPLE STRIVE FOR **SAINTHOOD!**

WITH

DR. ALEX GOTAY JR.

CO-HOSTED BY ST. MARY'S OF THE PURIFICATION + OUR MOTHER OF MERCY | SUPPORTED BY THE OACE OF
ARCHDIOCESE OF GALVESTON-HOUSTON | EMAIL STMONICA_DRE@SBCGLOBAL.NET FOR MORE DETAILS

READY?

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YOUR GOD GIVEN TALENTS?**



African American Youth Day 2018

Saturday, March 24, 2018

St. Monica Parish Hall - 8421 West Montgomery Rd.

Houston, Texas 77088-7116

9:00 AM - 5:00PM

All 6th - 12th grade youth

Costs: \$10 per person

(includes Lunch)

Registration Deadline: March 14, 2018

Please complete the following registration form and return to your Youth Ministry Leader.

Each participant must have a liability and medical release form, accompanied by the registration form and fee.

REGISTRATION FORM

Parish/School Name: _____

CYM/Youth Leader: _____

Participant Name: _____

Status: Youth/Adult (Circle one) Gender: _____ Grade: _____

Phone No.: _____ Email: _____

Address: _____

City: _____ Zip: _____

**Sponsored by the Archdiocese of Galveston-Houston
Office of Adolescent Catechesis and Evangelization**



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Frequently Asked Questions

How much is the registration fee?

The rally registration fee is \$10. Registration deadline is March 14, 2018.

NO NEW REGISTRATIONS WILL BE ACCEPTED AFTER MARCH 14, 2018!

What is included in the African American Youth Day registration fee?

All activities and sessions, Saturday speakers, souvenir and food.

Do chaperones have to pay?

Yes, all chaperones receive the same benefits as the youth participants.

Will participants need additional money?

The youth may want to bring a few dollars for Mass Offering.

What is the cancellation policy?

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

What is the substitution policy?

Substitutions can be made by using the Substitution Form. A fee of \$5.00 will be charged for each substitution. All paper work must be fully complete or the substitution will not be accepted. Substitution Forms must be faxed or mailed to the Office of Adolescent Catechesis and Evangelization. **FAX NUMBER - 281-447-8410**

Who may attend the African American Youth Day?

6th through 12 graders are invited to attend the rally! African American Youth Day is developmentally appropriate for adolescents. Participants younger than 6th grade will not be permitted to attend the African American Youth Day.

Who may chaperone the African American Youth Day?

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 African American Youth Day. 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 9:00 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.

What should we bring to the rally?

Most groups like to bring small items to trade. We provide light breakfast, lunch and evening snack. If someone in your group has dietary restrictions, and/or would want more snacks, drinks, etc., you may want to bring those as well.



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 African American Youth Day 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 Monica 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 African American Youth Day.
- ☐ 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)



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 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) African American Youth Day to be held (date) Sat. March 24, 2018
(time) 8:45 a.m. - 5:00 p.m. at (location) St. Monica Catholic Church - 8421 W. Montgomery Rd. - Houston, TX 77088-7116

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

Archdiocese of Galveston-Houston
Key Leader, Chaperone and Young Adult Assistant
Medical Release and Liability Form
African-American Youth Day, March 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.

**2018 African American Youth
Saturday, March 24, 2018
Accounting Sheet**

Parish: _____

Contact Person: _____ (Contact Person must attend the event)

Daytime Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____

Registration _____ Participants x \$10.00 \$ _____ (Forms must be postmarked by March 14, 2018.)

TOTAL ENCLOSED \$ _____

NO NEW REGISTRATIONS WILL BE ACCEPTED AFTER March 14, 2018.

Make parish check or money order (no personal checks will be accepted) payable to the Office of Adolescent Catechesis and Evangelization. Return this sheet with all registration and consent forms, and fees to:

Office of Adolescent Catechesis and Evangelization 2403 Holcombe Blvd. Houston, TX 77021

Be sure to keep copies of all forms for your records!!!

For more information, call Office of Adolescent Catechesis and Evangelization (713) 741-8723 or St. Monica Parish 281-804-4037

Registration Information:

Complete registration consists of the following:

1. Completed Accounting Sheet
2. Completed registration for each participant, youth and adult and place in Excel File
3. A signed copy of a Parental/Guardian Consent /Liability Waiver and Medical Consent for each participant under the age of 18 and an Adult Medical Release Form for all adults attending the program over the age of 18.
4. No new registration will be accepted **after March 14, 2018.**

NOTE: 1. Registration is limited, and complete registrations only will be accepted on a first come basis.
2. Incomplete registrations will not be accepted. Partial registrations mailed in to the Office will be returned.

For Office Use Only:

Date Received: _____

Staff Member Initials _____