

REFLECTING THE SON..



..IN WORD, THOUGHT, AND ACTION

# *Fall Catholic Youth Rally—Diocese of Kalamazoo*

*Saturday, October 25, 2008*

*Theme: Reflecting the Son...in Word, Thought, and Action*

*Students in grades 6-12*

*(Separate program track for high school and middle school)*

*Location: St. Ann, Augusta, Michigan*

*9:30 a.m. — 8:00 p.m.*

*Rally day concludes with 6:30 p.m. Mass with Bishop Murray*

*Student: \$25, Chaperone: \$15*

*Registration includes event activities and dinner.*

**☞ Register by October 11<sup>th</sup> and receive a Rally T-shirt!**

*Day of Event: Student: \$35, Chaperone: \$25*

**Featured Keynotes *David Casey & Doug Tooke, Monarch Catholic Ministries***

*David and Doug's ministry is to lead the young Catholic Church in seeking the Holy Spirit's power.*

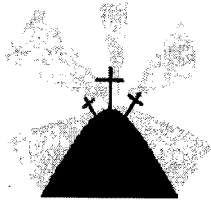
*Visit their website at [www.dougtooke.com](http://www.dougtooke.com).*

***On Rally Day ...Share ideas with others; make new friends with The Word,  
give Thought to prayer~The 'clearest wireless connection',  
make a plan of Action with your youth group...***

***And end each day...Reflecting the Son...in Word, Thought, and Action***

**Additional Rally information and registration forms to follow. For more information contact your Youth Minister.**

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October 25, 2008

St. Ann Parish  
12648 East D Avenue  
Augusta, MI 49012  
9:30 a.m. - 8:00 p.m.

## Parish Coordinator Instruction Sheet

1. Personalize the Permission Form to include the specific details for your parish group.
2. Collect individual registration forms and payment from your youth and adult chaperones.
3. There must be one adult for every 8 youth. **Chaperones must be age 21 or older, have attended a Protecting God's Children session, and completed a criminal background check as stated in diocesan child protection policy.**
4. Complete the Group Registration Form and send it with payment to **Peg Kornacker, Diocese of Kalamazoo, 215 N. Westnedge Ave., Kalamazoo, MI 49007**
5. Remember that the cost per student is \$25, per chaperone is \$15. The cost includes dinner and, **if registered by October 11**, a rally t-shirt is guaranteed. Again, please be sure everyone in your parish group brings a sack lunch.
6. **Day of event** cost per student is \$35, per chaperone is \$25. The cost includes dinner and t-shirts may be available on event day. Please be sure everyone in your parish group brings a sack lunch.
7. Make checks payable to the "*Diocese of Kalamazoo*".
8. **Please check in as a parish group on rally day. Bring the permission slips and medical forms for each participant to the rally with you.** There will be a designated area where you will be asked to drop off these forms for the day and pick them up again before the trip home.
9. The youth rally begins with registration at 9:30 a.m. and concludes at 8:00 p.m. Bishop Murray will join us for Mass at 6:30 p.m. Our day will be spent at the facilities of St. Ann Parish, Augusta.
10. **Be sure everyone in your parish group brings a sack lunch, or plan your own parish luncheon.**

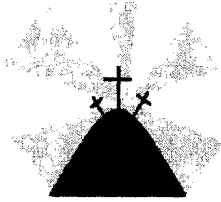
### For more information contact:

~Lisa Irwin—Diocese of Kalamazoo Office  
(269) 349-8714 x228  
[Lirwin@dioceseofkalamazoo.org](mailto:Lirwin@dioceseofkalamazoo.org)

~Joy Livingston—Rally Coordinator  
St. Margaret Parish, Otsego, MI  
(269) 685-9206  
[jumpinjoy@sbcglobal.net](mailto:jumpinjoy@sbcglobal.net)

~Patty Clery-Monroe—Publicity Coordinator  
St. Martin of Tours Parish, Vicksburg, MI  
(269) 679-5598  
[pclerymon@myrural.com](mailto:pclerymon@myrural.com)

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October 25, 2008

St. Ann Parish  
12648 East D Avenue  
Augusta, MI 49012  
9:30 a.m. - 8:00 p.m.

### Student Registration Form

(To be given to parish youth minister or parish event coordinator)

Please print clearly

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Your Cell Phone \_\_\_\_\_

Your e-mail address \_\_\_\_\_

Your age \_\_\_\_\_ Your grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Name of parent or close adult relative or friend to contact in case of emergency

Name \_\_\_\_\_ Their Phone \_\_\_\_\_

Your Parish \_\_\_\_\_ City \_\_\_\_\_

Group Contact/Leader \_\_\_\_\_

Your T-shirt size Youth S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_

Adult S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

Do you have any special dietary or other needs we can help you with? Please note

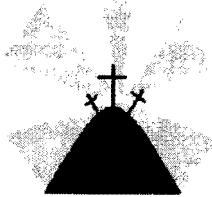
\_\_\_\_\_  
\_\_\_\_\_

Cost for this event: Student: \$25, and includes dinner and, if registered by October 11, a rally t-shirt is guaranteed. Day of event cost: Student: \$35, and includes dinner. Rally t-shirts *may* be available on event day. Make checks payable to "Diocese of Kalamazoo".  
Please bring your own sack lunch. Thank you!

I hereby certify that by signing this registration form I promise to act in a manner appropriate for a Catholic youth.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

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October 25, 2008

St. Ann Parish  
12648 East D Avenue  
Augusta, MI 49012  
9:30 a.m. - 8:00 p.m.

Adult Chaperone Registration Form

(To be given to parish youth minister or parish event coordinator)

Please print clearly

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Your Cell Phone \_\_\_\_\_

Your e-mail address \_\_\_\_\_

M \_\_\_\_\_ F \_\_\_\_\_ Date attended Protecting God's Children\* \_\_\_\_\_

Date of criminal background check\* \_\_\_\_\_

Emergency Information:

Name \_\_\_\_\_ Their Phone \_\_\_\_\_

Your Parish \_\_\_\_\_ City \_\_\_\_\_

Group Contact Leader \_\_\_\_\_

Your T-shirt size Youth S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_

Adult S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

Do you have any special dietary or other needs we can help you with? Please note

\_\_\_\_\_  
\_\_\_\_\_

Cost for this event: Chaperone: \$15, and includes dinner and, if registered by October 11, a rally t-shirt is guaranteed. Day of event cost: Chaperone: \$25, and includes dinner. Rally t-shirts may be available on event day. Make checks payable to "Diocese of Kalamazoo".  
Please bring your own sack lunch. Thank you!

I hereby certify that by signing this registration form I promise to act in a manner appropriate for a Catholic adult chaperone and give permission for any photos of me to be used for non-profit purposes.



**PARENT PERMISSION FORM FOR DIOCESAN YOUTH RALLY PARTICIPATION**

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school/parish premises. This activity will take place under the guidance and supervision of employees from \_\_\_\_\_ School and/or Parish.

Name of Event: ***Reflecting the Son...in Word, Thought, and Action***, a Diocesan Youth Rally for Middle School and High School Youth, Saturday, October 25, 2008, 9:30 a.m.-8:00 p.m.

Destination: St. Ann Parish, 12648 East D Avenue, Augusta, MI

Designated Supervisor of Activity: \_\_\_\_\_

Date and Time of Departure: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_

Student Cost: \$25; *Day of event: \$35*

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

\*\*\*\*\*STATEMENT OF CONSENT\*\*\*\*\*

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this youth rally, I hereby agree on behalf of myself and my child, to release \_\_\_\_\_ School and/or Parish, the Roman Catholic (Arch) diocese of Kalamazoo, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the youth rally. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the youth rally. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

With my signature I hereby grant permission to the Diocese of Kalamazoo to publish a photo image of my child in connection with a feature story or other promotional purpose.

\_\_\_\_\_  
(Print Parent's/Legal Guardian's Name)

\_\_\_\_\_  
(Parent's/Legal Guardian's Signature)

\_\_\_\_\_  
(Date)

**MEDICAL TREATMENT AUTHORIZATION**

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition, which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Minor's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Reason for which release is intended: ***Reflecting The Son...In Word, Thought, and Action*** Youth Rally for Middle School and High School Youth

Address of Minor: \_\_\_\_\_ City: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_ City: \_\_\_\_\_

List allergies, medications, contacts, or other pertinent comments:

\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Data:

Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

(Parent or Guardian)