

SAINT CLOUD MIDDLE SCHOOL RALLY FOR GRADES 6-7-8



For more information contact Victoria Bulcher at vbulcher@saintanns.net or 218-632-7312

SURROUNDED

SUNDAY, JAN. 26, 2020

9:00 AM - 4:00 PM

ST. JOHN'S PREP SCHOOL | COLLEGEVILLE, MN

WITH DAVE FREMO

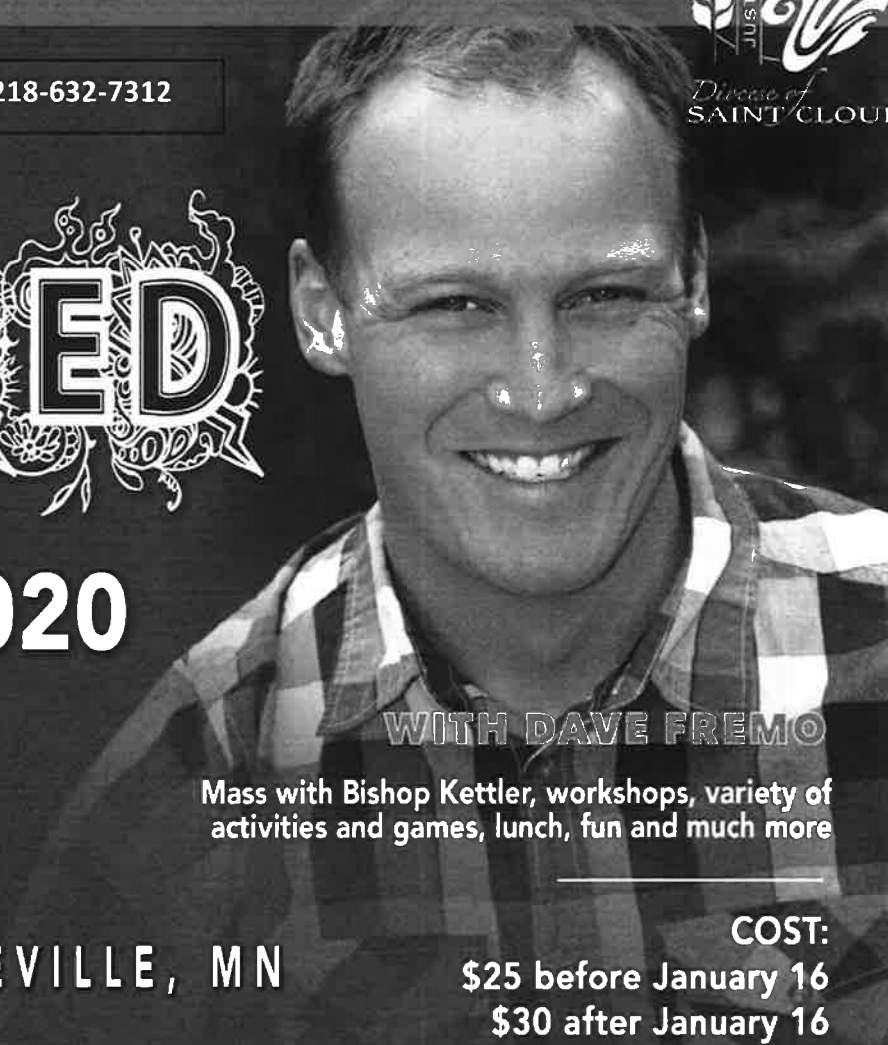
Mass with Bishop Kettler, workshops, variety of activities and games, lunch, fun and much more

COST:

\$25 before January 16

\$30 after January 16

For more info see your parish youth conference coordinator or visit: stcdio.org/youthrally



5 December 2019

Middle School Students and Parents,

I would like to invite you to join us for the Middle School Rally on Sunday, January 26th, 2020 at St. John's Prep School, Collegetown, MN. The Middle School Youth Rally theme is, "Surrounded." The day is about gathering as the young diocesan church to celebrate being Catholic through Eucharist, learning about our faith, and having fun through activity and prayer. The event is new again this year. Each participant can choose one recreational activity and one workshop choice. See the registration choices for your options. Our Keynote presentation by David Fremo. David is an educator, campus minister and musician with many years of experience in ministry for all ages.

After the first keynote we will have a round of activities followed by lunch in St. John's University main food service building. After lunch we will then move into around of workshops. We will top our day off with a capstone interactive large group session and Mass with Bishop Kettler.

Cost is \$25 if we receive your registration on or before January 15th. Please contact me if you would like to attend but the \$25 is a hardship.

Let me know if you have any questions or would like to join us!



Victoria Bulcher

Coordinator of Discipleship
Coordinator of Youth and Young Adult Ministries

The Parishes of Saint Ann
and Saint John the Baptist

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CATHOLIC EDUCATION MINISTRIES

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Middle School Youth Rally 2020

YOUTH - PARENTAL/GUARDIAN CONSENT, LIABILITY, & MEDICAL WAIVER

Use this form for all students

Participant's name: _____

Birth date: _____ Gender: _____ Grade: _____

Parent/Guardian's name: _____

Home address: _____

Parent Phone: _____

I, _____ grant permission for my youth, _____

(Parent or guardian's name)

(Youth's name)

to participate in this parish/diocesan event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of Diocese of St. Cloud-Catholic Education Ministries, parish employees and/or volunteers from: _____

(Church name)

A brief description of the activity follows:

Type of event: **Middle School Youth Rally on Sunday, January 26, 2020**

Cost of Event: **\$25 each before Jan. 16th, \$30 each after Jan. 16, 2020**

Destination of event: **St. John's Prep School, St. John's University and Abbey**

Parish Leader & Contact Info: Victoria Bulcher (Day of event 320-360-5193)

Coordinated by: **Diocese of St. Cloud-Catholic Education Ministries**

Mode of transportation to and from event: **Determined by parish - Approved drivers or bus**

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the _____ its officers, directors, employees and agents, and the

(Church Name)

Diocese of St. Cloud, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my youth attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of St. Cloud, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish or diocese.

Print Name: _____ Signature: _____ Date: _____

Please select your 1st and 2nd choice for a workshop and an activity.

WORKSHOPS

ACTIVITIES

- ___ A) Faith & Sports
- ___ B) Stress & Anxiety – Taking Care of Self
- ___ C) How to Transition to High School
- ___ D) Getting Involved in Church: Making a Difference
- ___ E) Healthy Relationships & Self-Awareness

- ___ O-1 Ice Fishing
- ___ O-2 Sledding
- ___ O-3 Winter Hiking
- ___ O-4 Broomball
- ___ I-1 Swimming
- ___ I-2 Dodgeball
- ___ I-3 Climbing Wall
- ___ I-4 Volleyball
- ___ I-5 Basketball
- ___ I-6 Walleyball

Photos will be taken during the Rally for promotional purposes. If you do not want photos of your child to be used for promotional purposes, please let your Parish leader know in writing.

Please indicate if you would like a shirt and mark the size below

Shirts may not be ordered if registering after January 16, 2020.

Short Sleeve T-Shirt: \$15

Please Circle Desired Size: s m l xl 2xl 3xl 4xl

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my youth is in good health, and I assume all responsibility for the health of my youth.

→ → (Of the following statements pertaining to medical matters, sign only those that are applicable.) ← ←

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my youth to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____

Phone: _____ Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Saint Cloud, chaperones, or representatives associated with the activity that my youth becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called at: _____

Signature: _____ Date: _____

Medications: My youth is taking medication at present. My youth will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the youth takes such medications, including dosage and frequency of dosage, are as follows: _____

Signature: _____ Date: _____

MEDICATION No medication of any type, whether prescription or non-prescription, may be administered to my youth unless the situation is life threatening and emergency treatment is required.

Signature: _____ Date: _____

OR

I hereby grant permission for **non-prescription medication** (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my youth, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish will take care to see that this information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is youth subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has youth recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? **YES** or **NO**
If so, list date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____