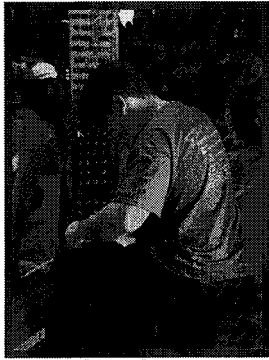


finding TRUTH



JESUS

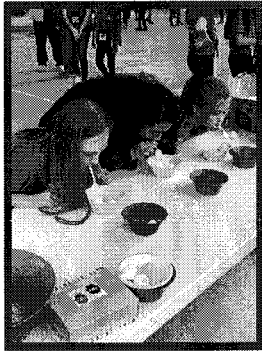
SATURDAY, FEBRUARY 22, 2020  
ST. BERNADETTE CATHOLIC  
CHURCH  
10:30 A.M.—9:00 P.M.  
FOR ALL YOUTH IN GRADES 6-8



finding

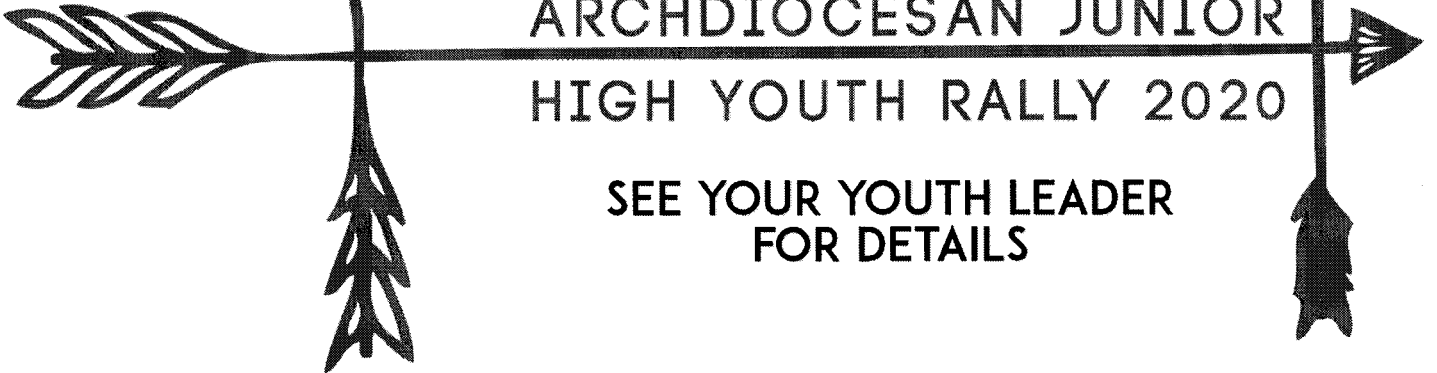


FEATURING PRIEST, MUSICIAN  
SONG WRITER AND PRESENTER  
FR. DAVID MICHAEL MOSES



ARCHDIOCESAN JUNIOR  
HIGH YOUTH RALLY 2020

SEE YOUR YOUTH LEADER  
FOR DETAILS



# 2020 ARCHDIOCESAN JUNIOR HIGH YOUTH RALLY

## 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 Junior High Rally 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, computer pads or tablets.
- I agree to respect all property of St. Bernadette 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.
- Lastly, I agree, with God's help, to contribute to the overall success of the 2020 Archdiocesan Junior High Rally.
- 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)**



## Registration Form

**Registration: \$40.00 - Paid by January 12, 2020**  
**Late Registration: \$50.00 - Paid by January 26, 2020**

**Includes: Mass Grand Midway Lunch & Dinner**  
**T-shirt Dance Workshops Music Games**

\_\_\_\_\_ **Youth** \_\_\_\_\_ **Chaperone (21 yrs. or older)**

**Parish/Group:**

**St. Anne – Tomball**

**First Name:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **MIF** \_\_\_\_\_ **Parent Email:** \_\_\_\_\_

**Age** \_\_\_\_\_ **Grade in school (Please Circle One):** 6th 7th 8th

**T-shirt size:** \_\_\_\_\_ (SM, MED, LG, XL, XXL, or XXXL)

**Do you need a vegetarian option for meal?** \_\_\_\_\_

**Return this form to your adult contact with the following items:**

- Payment**
- Parental Consent/Liability Waiver & Medical Consent Form.**  
(For parish use only...Do not submit to OACE)

**Fee may be made in cash or checks.**

**Checks made payable to St. Anne.**



OFFICE of ADOLESCENT  
CATECHESIS and EVANGELIZATION

**LATE REGISTRATIONS ARE NOT GUARANTEED!**

**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) **2020 Archdiocesan Junior High Youth Rally** to be held (date)  
**February 22, 2020**(time) **10:30 a.m.—9:00 p.m.** at (location) **St. Bernadette Catholic Church, 15500 El Camino Real, Houston,**  
**Texas**

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 \_\_\_\_\_