



shine

MIDDLE SCHOOL YOUTH RALLY
6-8TH GRADE

SUN MARCH 26

1-6:30 PM

DOORS OPEN @ 12:30 p.m.

COST

\$30 PER PERSON by Feb. 17
\$35 by March 17
\$45 late registration

3-Mile Project

3050 Walkent NW, Walker, MI

FEATURING **KELLY COLANGELO**
AND **JOHN TRABBIC BAND**

-REGISTER WITH YOUR PARISH YOUTH MINISTRY LEADER-



shine

GROUP LEADER INFORMATION

EVENT DETAILS

WHEN: Sunday, March 26, 1-6:30 p.m. | Doors open at 12:30 p.m.

WHO: Middle School Youth in grades 6-8

WHERE: **3-Mile Project**, 3050 Walkent NW, Walker, MI 49544

COST: \$35 per person until March 22 at noon | \$45 at the door.

BEFORE YOU ARRIVE

IMPORTANT: Please share these with youth and chaperones prior to arrival

- Chaperones must know where their youth are at all times. Once you have checked-in, no one should leave the building for any reason during the rally.
- Chaperoning is not passive. Chaperones are expected to act as a guide for the day and have authority to assist the youth in attendance in participation. They have permission to ensure all youth are actively engaged in the event.
- Youth should be advised to respect all adult leaders at the event and follow their directions.
- Respect. Youth and chaperones should respect those in attendance with them at the rally. No bullying, teasing, or any other disrespectful behavior, including talking when it is time to be listening.
- Participation is not optional. We expect all youth to stay in the programming area and ask chaperones to monitor bathroom use.
- Please tell the youth the appropriate time to use the bathroom is during breaks, free-time, and games.
- Please avoid bathroom use during talks, prayer, and liturgy.
- No inappropriate language.
- No drugs or alcohol. If any are found, the participant/group can be subject to immediate expulsion.
- No cell phones during programming. We discourage the use of cell phones during the day, but they are prohibited completely during the main programming, and Eucharistic Adoration.
- Headphones, AirPods, and other bluetooth devices are prohibited throughout the duration of the event. **DO NOT** bring them.
- Property Damage: responsible party will pay for full repair/replacement costs.
- Insubordination. All youth and adult chaperones are expected to follow the direction of posted and verbal rules.

SAFE ENVIRONMENT

For the protection of our young people, all adult chaperones are required to attend a Virtus training session and complete a criminal background check with their parish.

EVENT SCHEDULE

A final schedule is shared with the Group Leader during a meeting at start of day

12:30 p.m. Doors open (Arrival with lunch and free-time)
1:30 p.m. Opening/Welcome (Music, icebreakers/games, skits, introductions)
2 p.m. Session One (Keynote talk, music, skits)
3 p.m. Small Group
3:30 p.m. Free-time
4:30 p.m. Session Two (Keynote talk, music, games, Eucharistic Adoration)
5:30 p.m. Mass
6:30 p.m. Announcements & Dismissal

PAYMENT

All payments must be made online at the time of registration

Parent Permission Form for Field Trip Participation

Dear Parent or Legal Guardian:

Your child is eligible to participate in a parish-sponsored activity requiring transportation to a location away from the parish premises. This activity will take place under the guidance and supervision of employees/volunteers from Saint Thomas the Apostle Parish. A brief description of the activity follows:

Name of Event: Shine Youth Rally

Destination: 3-Mile Project, 3050 Walkent NW, Walker, MI 49544

Designated Supervisor of Activity: Leah Green (Youth Minister)

Date and Time of Departure: Sunday, March 26, 2023 1-6:30 pm

Method of Transportation: Parent drop-off and pick up

Cost: \$30 by February 17, or \$35 by March 17

If you would like your child to participate in this event, please complete, sign, and return the bottom half of this form to School/Parish by **March 17, 2023**

Statement of Consent

I hereby consent to participation by my child, _____, in the event described above scheduled for Sunday, March 26, 2023. I understand that the event will take place away from the school/parish grounds. 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 event, I agree to waive and release, and indemnify and hold harmless Saint Thomas the Apostle Parish, any and all affiliated organizations, its/their employees, agents, representatives, volunteers and drivers, from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my child's participation in this event.

I authorize Saint Thomas the Apostle Parish to obtain necessary medical treatment for my child in case of illness, injury or accident. List allergies, medication, contacts, or other pertinent comments:

During this event, I can be reached at
()

I certify that I am the (*check one*) _____ custodial parent _____ legal guardian of the minor child named above and I agree to the above terms for myself and for my minor child.

Print Parent's Name: _____

Parent's Signature: _____ Date: _____

Medical Treatment Release Form

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 child: _____ Relationship to you: _____

Reason for which release is intended: **Shine Youth Rally**

Address of Minor: _____

Emergency Phone(s): _____

Family Physician: _____

Phone: _____

Physician's Address: _____

List allergies, medication, contact, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgement 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.

Parent Signature: _____ Date: _____