



The Catholic Diocese of Little Rock presents...

SENIOR HIGH RALLY

WE ARE ONE in His service

"SEEK THE GREATNESS WITHIN YOURSELF."

\$30

October 18, 2015

**Mount Saint Mary's Academy
Little Rock, Arkansas**

WE WILL BE PARTICIPATING IN A SERVICE PROJECT.

MASTER FORM

2015 Sr. High Youth Rally

October 18, 2015 – Mt. St. Mary Academy, 3224 Kavanaugh Blvd. Little Rock, 72205 AR

Please TYPE or PRINT all necessary information

PARISH _____ CITY _____

NAME & PHONE # OF Adult Advisor in Charge (AAIC) _____ (____) _____
Area Code Number

ADDRESS, CITY & ZIP OF AAIC _____

EMAIL ADDRESS: _____ CELL Phone Number (____) _____

Please note: You must have 1 adult (minimum) for every 10 youth.

There must be at least 1 male chaperone if there are male youth and at least 1 female chaperone if there are female youth.

NAME	A/Y	M/F
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
21. _____	_____	_____
22. _____	_____	_____

23.	_____	_____	_____
24.	_____	_____	_____
25.	_____	_____	_____
26.	_____	_____	_____
27.	_____	_____	_____
28.	_____	_____	_____
29.	_____	_____	_____
30.	_____	_____	_____
31.	_____	_____	_____
32.	_____	_____	_____
33.	_____	_____	_____
34.	_____	_____	_____
35.	_____	_____	_____

Total number of participants: _____ X \$30.00 = Total youth/adult registration fee: _____

List below ANY SPECIAL NEEDS (physical and/or food) along with the person's name:

PLEASE ATTACH A COPY OF EACH ADULT CHAPERONE'S VIRTUS TRAINING BULLETIN PAGE SHOWING THAT THEY ARE CURRENT ON THEIR VIRTUS BULLETINS.

(If further space is needed, copy these pages)
**PLEASE SEND FORMS AND CHECK TO
 BY SEPTEMBER 28, 2015 TO:**

**THE DIOCESE OF LITTLE ROCK
 YOUTH MINISTRY DEPARTMENT
 P.O. BOX 7565
 LITTLE ROCK, AR 72217-7565**

Adult Chaperone Agreement Form

Welcome! As a chaperone, you play an important part in ensuring the positive experience of this event. We offer the following list of guidelines to help you fulfill your role as a chaperone.

We require that:

- **all chaperones be compliant and trained in the Safe Environment/VIRTUS Training and Up to date on all VIRTUS training bulletins**
- **all chaperones enforce the code of behavior and set an example for youth.**
- **all chaperones are responsible that each youth assigned to you attend all scheduled functions of this event. (Youth may not leave a session or return to their hotel room without an adult).**
- **while** at general sessions, seating is by parish. Chaperones must spread out among their teens to be present and available to your group. It is expected that chaperones will not leave the conference area and expect other adults to be responsible for youth in your charge
- **chaperones** do not go anywhere during this event where teens are not allowed (i.e., bars, lounges, etc.)nor, should chaperones consume any alcoholic beverages or illegal drugs during the weekend.
- **any** alcohol, drugs, firearms or explosives found with/on a person at a Diocesan Youth Event will result in immediate dismissal by the diocesan director of youth ministries. All adults are expected to inform the diocesan director if any of these items are found.

REMEMBER: While at the convention, you are **TOTALLY** responsible for both the behavior and the needs of the youth entrusted to your care. Please pay close attention to both. Wherever we are, we represent the youth of the Catholic Church of Arkansas.

All chaperones are expected to follow these rules. In the interest of safety and security, do not leave your group without a chaperone. Should an emergency arise, check in with the diocesan youth director, head chaperone, or an Adult Advisory Council member. With these things in mind, we believe all, adults and youth alike, will indeed have a joyful celebration of youth.

I understand and accept these chaperone guidelines.

(Chaperone's Signature)

(Parish/City)

(Form to be sent into diocesan office with registration materials.)

Guidelines for the Adults in Charge of a Parish Group

The following will help you in planning for a successful experience

We require that:

- All adults must comply with the Safe Environment Requirements of the Diocese of Little Rock by completing the VIRTUS Training and keeping up with the VIRTUS training bulletins.
- All adult advisors/chaperones are at least **25 years of age**. This adult should be known by the youth.
- Each group has at least one chaperone for every **eight** teens.
- If you have both male and female participants, have both male and female adult chaperones.
- You enforce the code of behavior and set an example for youth. Code of Behavior and Medical Consent and Liability Waiver Forms **MUST** be in the possession of the youth minister in charge of the parish group. **A copy of all medical forms must be turned in at check-in. You should also keep a copy of the medical forms with you as well.**
- All adults are to sign a Chaperone Guideline Form. These are to be sent in to the diocesan office with registration materials.

Any alcohol, drugs, firearms or explosives found with/on a person at a Diocesan Youth Event will result in immediate dismissal by the diocesan director of youth ministries. All adults are expected to inform the diocesan director if any of these items are found.

SOME HELPFUL HINTS:

- Meet with chaperones, and then with chaperones and youth to go over diocesan and parish expectations. Explain the purpose of this event. Establish contingency plans for accidents, sickness or misconduct.
- 2) Choose chaperones that have a good rapport with youth, yet can control the group on outings and at general sessions. Choose chaperones that have been active with your youth group. **Chaperones and youth should know each other.**
 - 3) If you have both male and female participants, have both male and female adult chaperones.
 - 4) Bring snacks with you.
 - 5) Review the diocesan rules and your own expectations as you travel to this event.

ADULT MEDICAL RELEASE FORM

Date: _____

Print Name: _____

Parish: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: (____) _____ Work Phone Number: (____) _____

Physician's Name: _____ Phone # (____) _____

Date of Birth: _____ Date of last tetanus shot: _____

Please list **all** medical conditions/allergies/special health information: _____

Please list **any** medications (prescriptions or non-prescription) that you would like us to be aware of: _____

Medical Insurance Company: _____ Policy Number: _____

Policy in the name of: _____ Relationship: _____

Emergency Contact Name and Number: _____

In the event that the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.

I, _____, do hereby release, hold harmless and discharge the Diocese of Little Rock, 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 medial physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

Signature: _____

Diocese of Little Rock / Office of Catholic Youth Ministries

PARENTAL/GUARDIAN MEDICAL CONSENT AND LIABILITY WAIVER

Participant's Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian's Name: _____ Home Phone(____) _____

Alternate Phone Number: (____) _____ Cell Phone Home Work

Parish: _____ Grade _____ Age _____ Sex: M F

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)
**Sr. High Youth Rally to be held October 18, 2015 at Mt. St. Mary Academy,
3224 Kavanaugh Blvd, Little Rock, AR.**

I agree on behalf of myself, my child's other parent if known, or living (name of parent) _____.
My child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of
Little Rock, the sponsoring parish (its pastor, youth minister, other agents, etc.) or any representatives
associated with the scheduled activity unless the parties involved were careless or negligent. I also give
my permission for the Diocese to use any photographic images of my child for Diocesan use and allow
the Diocese to communicate with my child through the use of social media.

Signature (Parent/Guardian)

Date

Signature
(Participant 18 years of age or older must sign own consent)

Date

MEDICAL CONSENT

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 to your wishes:

Emergency Medical Treatment

In the event of any 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. In the event of any 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 _____ Medication _____ Dosage _____ Medication _____ 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. (Please initial)

MEDICAL CONDITIONS INFORMATION

(Diocesan 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 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 be aware of these special medical conditions of my child: _____

INSURANCE INFORMATION

(Please attach a copy of the Insurance Card, front and back, with this form)

Insurance Carrier: _____

Name of Insured: _____

Insurance ID Number: _____ Insurance Policy Number: _____

Father's Name: _____ Birth Date: _____

Place of Employment: _____

Mother's Name: _____ Birth Date: _____

Place of Employment: _____

No, I do not carry medical insurance at this time.

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).

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

CATHOLIC YOUTH MINISTRY

Code of Behavior

At all Diocesan sponsored activities, we expect you to represent the Diocese of Little Rock well! We hope that you will display the mature, responsible leadership and character which has for so many years been the trademark of Catholic youth within this diocese.

CODE OF BEHAVIOR:

1. Participants are expected to attend all sessions of this activity. Name badges must be worn at all times.
2. **Dress code:** casual - no inappropriate t-shirts, tops/dresses with spaghetti straps, halters, short-shorts, or midriff tops. No Nike athletic/running shorts. No underwear showing from jeans/pants being worn too low. If dressed inappropriately, the individual will be asked to change. No shorts for Mass.
3. Individuals are responsible for their own actions and will be asked to assume the natural consequences for any negative behavior. Each participant will take full responsibility for any damage or theft.
4. Participants may not leave the activity site unless accompanied by their parent/guardian or an adult from their parish.
5. The possession and/or use of alcohol, tobacco products and illegal drugs are prohibited.
6. Christ-like behavior is promoted and expected at all times. Therefore, inappropriate contact, touch, gesture, language or activity of a sexual nature which would offend any person is unacceptable.

Infractions of these rules will result in the diocesan director discussing the infraction with the participant. In the unlikely event that a behavior problem based on the above requires extreme action, it is likely to result in dismissal from the activity. Participant's parent/guardian is responsible for removing participant from the convention site.

I understand and accept this code of behavior.

(Participant's signature)

(Date)

I consent to the conditions stated above on participation in this event.

(Parent/Guardian's signature)

(Date)

Phone number (Day) _____ Cell Phone Number: _____

Contact person if parent/guardian are unavailable

(Phone #)



Diocese of Little Rock—Youth Office Scholarship Application

Name: _____

Mailing Address: _____
Street Address City Zip Code

Email: _____

Parish: _____

Youth Leader: _____

Diocesan Event For Which Scholarship Money Will Be Used

***Amount Requested:** _____

*** Scholarship requests should be MADE ONLY AFTER the family and the parish have contributed toward the overall event fee. In special cases, consideration may be given to requests made for a larger scholarship amount.**

Please provide an explanation as to why you would like to attend this event and what you hope to gain by attending: (Please print or type)

Applicant Signature _____ Date _____

Parent Signature _____ Date _____

Youth Leader Signature _____ Date _____