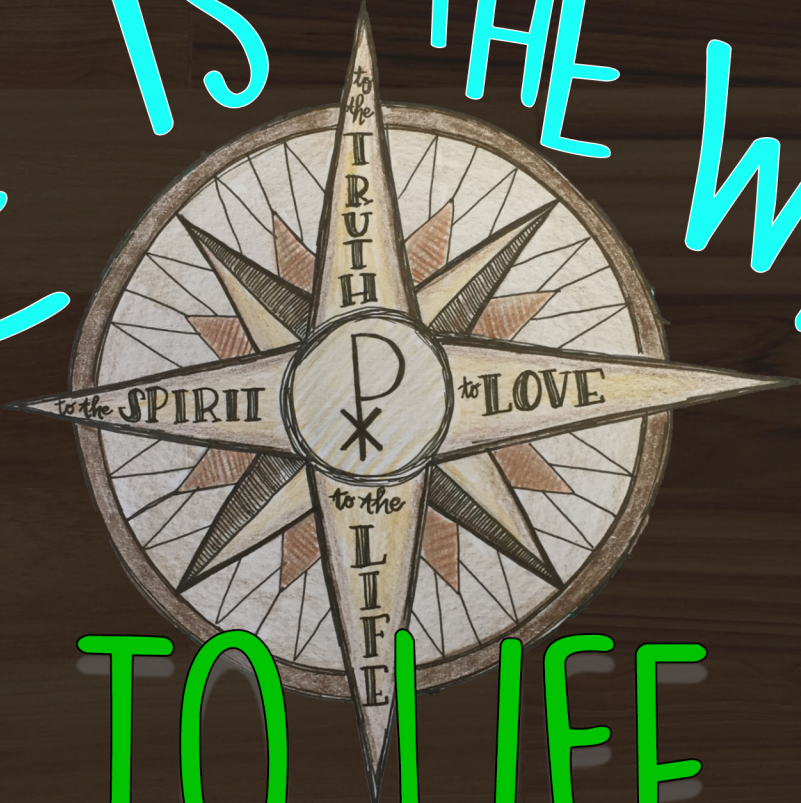


Weekend
Extravaganza
January 21-22, 2017

DoubleTree Hotel
Little Rock, Arkansas
\$50 youth, \$60 adult
scholarships available

HE IS THE WAY TO LIFE



with Chad Judice





**Diocese of Little Rock
Catholic Youth Ministry**

**2500 North Tyler Street • P.O. Box 7565 • Little Rock, Arkansas 72217 •
(501) 664-0340**

He is the Way: To Life

Dear Youth Ministers:

Enclosed you will find information and registration for the annual Weekend Extravaganza which will be held at the DoubleTree Hotel in Little Rock, Arkansas over the dates of January 21 - 22, 2017. **The registration deadline for this event is Thursday, December 19, 2016.** Scholarship money is available for those teens wishing to attend but financially unable to do so on their own by filling out the scholarship application form and returning it to the diocesan youth office.

Registration will be held in the lobby of the DoubleTree Hotel and everyone should be checked in before 6:00p.m. Our main evening activities will take place in the Ballroom on the second floor of the DoubleTree Hotel.

This year's speaker will be Chad Judice. Chad and his wife, Ashley, received an in - utero diagnosis that their second child would be born with spina bifida. As faithful Catholics, there was no question that their child would be born but the world around them was not supportive. Chad's witness to their spiritual journey as a family is beautiful, allowing all to see the incredible gift of each and every life. He has written two book chronicling this journey, *Waiting for Eli* and *Eli's Reach*.

Our schedule also includes a dance, along with other options for the free time built in to the evening. On Sunday morning, breakfast will be on your own, with a grab and go breakfast available in the hotel lobby. After breakfast your group will need to check out of the hotel by 9:00a.m. and then proceed to the Mass for Life at the Cathedral of St. Andrew. Immediately following Mass, we will serve box lunches in McDonald Center.

Our speaker for the session after lunch is Sarah Swafford with the Chastity Project. She will speak on Emotional Virtue for a Drama-Free Life and Drama-Free Relationships

As usual, chaperones will share some responsibility in monitoring doors, stairwells, and exits during the evening. We will include a chaperone schedule in your registration packet as well as discuss this at the chaperone meeting on Saturday evening.

Please read through all the attached materials that outline in further detail the specifics of the weekend. Thanks for all of your support in bringing our youth together for important events such as this. Please remember to keep in prayer all those who suffer from the effects of a culture of death as we continue to work toward our main goal of respecting human life at all stages.

Thanks again for giving your time to the youth of the Diocese and these important issues of our faith.

Pax,

Liz Tingquist
Director
Catholic Youth Ministry

**PLEASE REMEMBER TO BRING
ALL TYPES OF BABY ITEMS
TO BE DONATED.**

Weekend Extravaganza

Joining people around the world to respect and protect human life

January 21 - 22, 2017

DoubleTree Hotel / Little Rock

Objective: to promote life by participating in the Right to Life March and by treating one another with dignity, respect, love and understanding; to bring youth together from around the Diocese so they may have a safe, fun, educational, and spirit-filled time with their peers.

Registration: is by Parish only. The Adult Advisor in charge will complete the Master Form and submit one check for those registered by the Parish for this event and submit the form along with check to:

Diocese of Little Rock/Office of Catholic Youth Ministry
P.O. Box 7565
Little Rock, AR 72217-7565

Payment: Make check payable to the Diocese of Little Rock/Youth Ministry

Cost: \$50.00 for students (rooming 4 to a hotel room) and \$60.00 for adults (rooming 2 per hotel room) before the early registration deadline. After the December 22, 2017 deadline, the fees will increase to \$60.00/student and \$70.00/adult.

Registration Deadline: Thursday, December 22, 2017 is the early registration deadline. Due to hotel housing deadlines, we ask that you adhere to the early registration deadline. Registrations received after December 22, 2017 will be on a first-come, first-serve basis until the event reaches our capacity number. Please remember that this event historically fills up very quickly, so please register as soon as you can to ensure admittance to this event.

Event Begins: Registration and check-in will begin at the DoubleTree Hotel Lobby Area at 3:00pm on Saturday, January 21, 2017. The hotel cannot accommodate earlier check-ins.

Items Needed for Parish Check-In: Turn in the following forms for your youth: (1) Expectation & Code of Behavior and (2) Medical Consent Liability Waiver form and for your adults the following: (1) Adult Medical and (2) Chaperone form

Chaperones: Male and female chaperones are REQUIRED if both sexes of youth attend. You are REQUIRED to have one female chaperone for every eight girls and one male chaperone for every eight boys. Our requirement is that chaperones must be 25 years of age. Parish chaperones will be assigned a specific time to monitor a particular area or activity during the event.

Expectations & Code of Behavior Form: Each youth participant must complete and sign the form. Please make sure all information is filled out completely. Make sure that the emergency number on this form is a different number than that of the parent/guardian.

Parental/Guardian Consent Liability Waiver & Medical Consent Form: Each youth participant must have a completed form filled out with a copy of the front and back of his or her health insurance card attached. Please make sure information is legible and that copies of the insurance card are legible as well. Taking these extra steps of accuracy will help should a medical emergency arise. It is the responsibility of each youth leader to have a copy of this form in their possession during this event.

Dress Code: Dress for the weekend can be considered casual but MODEST. No tank tops, spaghetti strap shirts, midriff tops, yoga or stretch pants, clothes with excessive tears or holes. No rude or vulgar pictures or sayings on clothing. Be modest in your dress or you will be asked to change.

Food: Consider checking in at the DoubleTree Hotel and then take your group out for an early dinner or you should eat before you arrive! On Sunday morning, breakfast will be available from 7:30am – 9:00am in the lobby of the DoubleTree Hotel. (This IS NOT included in your registration fee.) Immediately following the Mass for Life (held at the Cathedral of St. Andrew at 10:00am), a box lunch will be provided for all Weekend Extravaganza participants in McDonald Hall. This is also included in your registration fee. Our speaker for the morning session is Sarah Swafford with the Chastity Project. She is the recent author of the book, *Emotional Virtue: A Guide to Drama-Free Relationships*.

Dance: We will have the Sound Guy as our DJ for the dance. We ask that **each person** attending bring baby items for admission to the dance. These items will be donated to an area pregnancy-help center.

Sleeping Arrangements: This year we will be staying at the **DoubleTree Hotel** and will room boys with boys and girls with girls – sleeping 4 per room. Adults will be sleep 2 per room.

Lights Out: Please realize that quiet time at the DoubleTree is Midnight – 8:00a.m. When your group arrives on its hotel room floor they should be quiet, orderly, and immediately go to their sleeping rooms.

Check out time from the Doubletree: will be **9:00am** on Sunday, January 22.

Transportation: We will NOT return to the DoubleTree once we check out. You should consider walking as a group to the State Capitol, you will need to drive your cars/buses to the State Capitol to participate in the March for Life.

Rosary for Life: Begins right before the Mass at 11:30am. Please have your teens in place at the Mass in time to pray the rosary.

Mass for Life: Will be at 10:00pm at the Cathedral of St. Andrew. Bishop Anthony B. Taylor will be presiding at Mass, which is open to anyone.

March for Life: Begins at approximately 2:00pm (after the Mass for Life) and will take place at the State Capitol Mall. Therefore, all participants MUST drive to the State Capitol to participate. There is ample parking once at the State Capitol. For additional instructions and directions to the March: www.artl.org.

Recap on What to Bring:

- Comfortable walking shoes for the March for Life (warm coat, hat, gloves if it is really cold)
- Expectations and Code of Conduct forms for each participant
- Parental/Guardian Consent, Liability Waiver and Medical Consent form for each participant
- Chaperone Agreement form and Adult Medical Release
- Games that your group may want to play (As an alternative form of entertainment during the dance)
- Change of clothes, toiletries, etc. for the next day
- Baby items to be donated

Last but not Least: We are looking forward to having you all here in Little Rock for this event. The Youth Advisory Council is working hard to ensure that everyone has a great time while participating in the Weekend Extravaganza.

Feel free to contact Liz Tingquist/Tricia Gentry, Office Catholic Youth Ministry, at (501) 664-0340, ext. 333/418 or by e-mail by visiting the Diocesan website if you have any further questions.



"You formed my inmost being; you knit me in my mother's womb. I praise you, so wonderfully you made me; wonderful are your works!"

Psalm 139:13-14

Weekend Extravaganza

Joining people all over the world to respect and protect human life
January 21 - 22, 2017

Schedule

Saturday, January 21

3:00pm to 6:00pm	Registration in the lobby of the DoubleTree Hotel, Markham & Broadway, LR, AR
7:00pm - 7:45pm	Icebreakers and Praise and Worship in DoubleTree Hotel Ballroom
7:45pm	Introductions/Welcome presented by YAC (Youth Advisory Council)
7:55pm	Opening Prayer Service/Opening Skit
8:00pm - 9:15pm	KEYNOTE SPEAKER: Chad Judice
9:15pm	Announcements - YOUTH LEADER MEETING W/LIZ IN FOYER OUTSIDE BALLROOM
9:30pm	Transition to Dance
9:45pm - 11:30pm	Dance/Activities
11:30pm	Prayer Services at the Dance (YAC)
11:45pm	Dismiss to the DoubleTree Hotel by Parishes

Sunday, January 22

7:30am - 9:00am	Breakfast / On Your Own
9:30am	Walk to the Cathedral of St. Andrew
10:00am	Mass for Life - Cathedral of St. Andrew
11:15am	Box Lunch, McDonald Hall
12:00pm	Keynote Speaker - Sarah Swafford
1:45pm	Dismissal
2:00pm	March for Life

MASTER FORM
2017 Weekend Extravaganza

Please TYPE or PRINT all necessary information

PARISH _____ CITY _____

NAME & PHONE # OF Adult Advisor in Charge (AAIC) _____

ADDRESS, CITY & ZIP OF AAIC _____

Email Address: _____ Cell Phone # _____

Please note: Youth chaperone ratios: 8 girls to 1 female chaperone. 8 boys to 1 male chaperone.
Chaperones must be 25 years old.

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.	_____	_____	_____

REGISTRATION DEADLINE: **December 22, 2016**

Total number of YOUTH Registrants: _____ X \$50.00 = _____

Total number of ADULT Registrants: _____ X \$60.00 = _____

Total Fee Paid: _____

LIST below ANY SPECIAL NEEDS (physical &/or food) - along with person's name.

Weekend Extravaganza - Adult Chaperone Guidelines

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.

Special Note: Youth should be provided some leniency in having fun. Jokes, laughs and other bodily noises after the lights go down are to be expected. However, chaperones will be treated with dignity and respect! Therefore, please note the following:

- AA Ratio of 1 male chaperone to 8 boys.
- AA Ratio of 1 female chaperone to 8 girls.
- AA Your chaperones **must** check that all youth are in their rooms during the designated quiet hours.
- AA No chaperones under the age of 25.
- AA There will be no tolerance of youth who are disrespectful to adults.
- AA All chaperones are to be Virtus-trained and in full compliance to Safe Environment Standards.

We require that:

- all adult advisors/chaperones be at least 25 years of age.
- each group have: 1 male chaperone for every 8 boys and 1 female chaperone for every 8 girls.
- all chaperones enforce the code of conduct and set an example for youth.
- male chaperones if there are male youth participating; female chaperones if there are female youth participating
- all chaperones be responsible that youth attend all scheduled functions of this event.
- while in the Robinson Center, chaperones spread out among their teens to be present and available to your group. It is expected that chaperones will not leave the Exhibit Hall area and expect other adults to be responsible for youth in your charge. NOTE: Seating is by parish.
- Chaperones are expected to take their turn monitoring a given area as pre-assigned by the chaperone in charge.

REMEMBER: 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. ALSO: It is very important that all adults walk around and keep an eye on what's going on. If something is not right, **DO OR SAY SOMETHING!**

All chaperones are expected to follow these rules. In the interest of safety and security, do not leave your group un-chaperoned. Should an emergency arise, check in with the Diocesan Youth Director 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 life.

SOME HELPFUL HINTS:

- 1) An evening with just chaperones before the event would be a great opportunity to plan for the event and establish contingency plans for accidents, sickness or misconduct.
- 2) Choose chaperones who have a good rapport with teens, yet can control the group on outings and at general sessions. Choose chaperones who have been active with your youth.
- 3) Meet with the teens before the event and remind them that at all times they represent your parish. Explain to them the purpose of the Weekend Extravaganza.
- 4) All chaperones should keep a list of their parish participants with home phone numbers at all times.

I understand and accept these chaperone guidelines.

Chaperone's Signature

Parish / City

Return this signed form with VIRTUS Compliant form attached with registration materials to the Youth Office

ADULT MEDICAL RELEASE FORM

Revised 8 – 2016

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 any and all events that are produced, conducted or executed by the Diocese of Little Rock's Youth Ministry Office from July 1, 2016 to June 30, 2017 ("Youth Ministry Office events"), including but not limited to the following: Senior High Youth Rally, Junior High Spectacular, Weekend Extravaganza, Confirmation Retreat, State Convention and Catholic Charities Summer Institute. 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 the Youth Ministry Office events. I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

Signature: _____ Date: _____

Diocese of Little Rock / Office of Catholic Youth Ministries

REVISED 8-2016

PARENTAL/GUARDIAN CONSENT, LIABILITY WAIVER AND MEDICAL CONSENT

Participant's Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

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

Alternate Phone Number: (____) _____ ☐ Cell Phone ☐ Pager ☐ 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 **any and all events that are produced, conducted or executed by the Diocese of Little Rock's Youth Ministry Office from July 1, 2016 to June 30, 2017 ("Youth Ministry Office events"), including but not limited to the following: Junior High Spectacular, Senior High Youth Rally, Weekend Extravaganza, Confirmation Retreat, State Convention and Catholic Charities Summer Institute.**

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

(EFFECTIVE FROM JULY 1, 2016 TO JUNE 30, 2017)

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: _____

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).

I acknowledge and agree that it is my responsibility to inform the Diocese of Little Rock's Youth Ministry Office if at any time any of the above information needs to be changed, amended, or updated prior to the expiration date of this Medical Consent,

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. This Code of Behavior shall be in effect for any and all events that are produced, conducted or executed by the Diocese of Little Rock's Youth Ministry Office from July 1, 2016 to June30, 2017 ("Youth Ministry Office events"), including but not limited to the following: Senior High Rally, Junior High Spectacular, Weekend Extravaganza, and State Convention.

CODE OF BEHAVIOR:

1. Participants are expected to attend all sessions of Youth Ministry Office events. 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 site of the Youth Ministry Office event 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 Youth Ministry Office event. 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 Youth Ministry Office events.

(Parent/Guardian's signature)

(Date)

Phone number (Day) _____ Cell Phone Number: _____

Contact person if parent/guardian are unavailable

(Phone #)

DoubleTree Rooming List Form
Markham and Broadway, Little Rock

Page ____ of ____

Group: Diocese of Little Rock - Weekend Extravaganza

Person in Charge _____ Cell Phone # (____) _____

Parish: _____ City: _____

- INSTRUCTIONS:**
1. PLEASE PRINT or TYPE names in numbered blocks
 2. **Indicate Male/Female rooms & Adult / Youth rooms**

Other: _____

Rm. #	Arv	Dep	First & Second Person	A/Y	M/F	Third & Fourth Person	A/Y	M/F
(1)	1/21	1/22						
(2)								
(3)								
(4)								
(5)								
(6)								

Rm. #	Arv	Dep	First & Second Person	A/Y	M/F	Third & Fourth Person	A/Y	M/F
(7)	1/21	1/22						
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

