



**Diocese of Little Rock  
Catholic Youth Ministry**

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

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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 16-17, 2016. **The registration deadline for this event is Thursday, December 17, 2015.** 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 Monica Kelsey. After uncovering the facts surrounding her conception and birth, Monica was confronted with a new reality--her father was a rapist. After some soul searching, she stopped wrestling with the "why" and instead decided to focus on the "how." She did this by asking herself one question: "How can I take this gift of life that I've been given and make a difference?"

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 10:45a.m. and then proceed to the Rosary and Mass for Life also located in the ballroom of the DoubleTree Hotel. Immediately following Mass, we will serve box lunches outside on the plaza and participate in the March for Life at the State Capitol.

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 16-17, 2016

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 17, 2015 deadline, the fees will increase to \$60.00/student and \$70.00/adult.

**Registration Deadline:** **Thursday, December 17, 2015** is the early registration deadline. Due to hotel housing deadlines, we ask that you adhere to the early registration deadline. Registrations received after December 17, 2015 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 16, 2016.** 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 – 10:00am. in the lobby of the DoubleTree Hotel. (This IS NOT included in your registration fee.) Immediately following the Mass for Life, a box lunch will be provided for all Weekend Extravaganza participants outside the DoubleTree Hotel on the plaza. This is also included in your registration fee.

**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 **10:45am** on Sunday, January 17.

**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 12:05pm in the ballroom of the DoubleTree Hotel. 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](http://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 16-17, 2016

### Schedule

#### Saturday, January 16

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: Monica Kelsey
9:15pm	Announcements - YOUTH LEADER MEETING W/LIZ IN FOYER OUTSIDE BALLROOM
9:30pm	Transition to Dance
9:45pm - 11:30pm	Dance/Activities
9:30pm - 11:00pm	Concessions Sold in Foyer Outside Ballroom
11:30pm	Prayer Services at the Dance (YAC)
11:45pm	Dismiss to the DoubleTree Hotel by Parishes

#### Sunday, January 17

7:30am - 10:00am	Breakfast / On Your Own
10:45am	Check-Out at DoubleTree Hotel
11:20am	Rosary for Life - DoubleTree Hotel Ballroom
12:05pm	Mass for Life - DoubleTree Hotel Ballroom
1:30pm	Box lunch to be picked up outside the DoubleTree Hotel on the plaza on the way to the March at the State Capitol
2:00pm	March for Life

MASTER FORM  
2016 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. _____	_____	_____
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- 29. \_\_\_\_\_
- 30. \_\_\_\_\_

**REGISTRATION DEADLINE: December 17, 2015**

**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.**

**Diocese of Little Rock**  
**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 medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

Signature: \_\_\_\_\_

## 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.

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Chaperone's Signature

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Parish / City

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



YOUTH  
Expectations & Code of Behavior - Weekend Extravaganza

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.

Expectations . . .

- Participants are expected to attend all sessions and wear their nametags on the upper chest at all times.
- Slam dancing, mosh pits and running trains are not permitted during the dance.
- Dress code: Casual - no inappropriate tops or t-shirts, no Nike shorts, no yoga pants, no inappropriate wording on shirts. If dressed inappropriately, the individual will be asked to change. Shoes - wear only rubber-soled shoes.
- Smoking is not permitted.
- Gum is not permitted in the building.
- All property will be left clean, especially the bathroom areas.

CODE OF BEHAVIOR . . .

1. Individuals are responsible for their own actions and will be asked to assume the natural consequences of any negative behavior. Each participant will take full responsibility for any damage or theft.
2. Participants may not leave the activity site unless accompanied by an adult from their parish.
3. The possession and use of alcohol and drugs are prohibited.
4. Christ-like behavior is promoted and expected at all times. Therefore, inappropriate contact, touch, gesture, language or activity of a sexual nature is unacceptable. Girls and boys will not be allowed in each other's hotel room.
5. Quiet will reign from MIDNIGHT - 8:00 AM.

Infractions of the Code of Behavior 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 Extravaganza. One's parent/guardian is responsible for removing the participant from the activity 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)* *(Phone Number - Night)*

\_\_\_\_\_

In case of emergency contact at (Phone #)

*Emergency Phone number may not be the same as parent/guardian*

# Diocese of Little Rock / Office of Catholic Youth Ministries

## 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 (event) **Weekend Extravaganza**, to be held on(date) **January 16-17, 2016** \_\_\_\_\_ at (location) **DoubleTree Hotel and State Capitol**\_\_.

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. My signature also allows the use of any photographs of my child taken at this event to be used for promotional purposes as well as acknowledgement that they may receive email, text messages, and other forms of social media to communicate about the event.

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

## 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: \_\_\_\_\_

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



Rm. #	Arv	Dep	First & Second Person	A/Y	M/F	Third & Fourth Person	A/Y	M/F
(7)	1/16	1/17						
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

# EXAMPLE


## APPROVED DOCUMENTATION VERIFYING

### Training Report for Tricia Gentry as of 05/24/2012

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Approval Date: 10/20/2003

#### LIVE TRAINING



Title	Date	Training Location	Status
Protecting God's Children for Adults	10/17/2003 8:00 AM	St. John Center (Little Rock)	Approved 

#### TRAINING BULLETINS

Type	Featured	Read	Missed
Protecting God's Children for Adults ( <a href="#">click here for details</a> )	117	117	0

[Show all bulletin types](#)

#### ONLINE TRAINING MODULES

Module	Assigned	Started	Completed
Virtus® Protecting God's Children® Re-certification Training for Adults	10/25/04	11/23/04	11/23/04 
Virtus® Protecting God's Children® Re-certification Training for Adults—2nd Edition	10/24/05	11/16/06	11/16/06 



# 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)

\_\_\_\_\_  
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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Youth Leader Signature \_\_\_\_\_ Date \_\_\_\_\_