



But don't let the eclipse overshadow your parish from attending this epic, shining event!

It's time for the 72nd Annual Catholic Youth Convention!

The convention will be held APRIL 5-7, 2024

Robinson Center and the DoubleTree Hotel in Little Rock.

OUR THEME THIS YEAR IS "VICTORY!"

Our keynote speakers are Brad Farmer and Gene Monterastelli of Apex Ministries.

Brad and Gene are an internationally known comedy duo.

They have traveled North America using a style defined as "Christian Vaudeville."

This includes death defying juggling, sketch comedy and personal testimony.

In other words, they are evangelists who are funny and throw things at each other.

Who may attend? All high school students in grades 9 – 12 are invited to join us. You must be preregistered with a parish to attend the convention...NO ON-SITE REGISTRATION.

This year we continue with our time of Exalt and Praise, reconciliation, and prayer teams for additional prayer support. On Saturday get ready for a cookout in the park (please pray for lots of sunshine). We have a new DJ! Look for the dance theme in your confirmation letter.

Something new, but old...we are asking that each parish prepare a pennant or banner representing your parish youth group. We will use your parish pennant as part of our opening session and hang them around our convention area. Also, get ready to show your spirit...your parish spirit...in hopes of winning the new highly coveted "HOLY SPIRIT STICK!" Your parish youth group may even want to come up with a special cheer to chant each day.

This year, we want to focus on donations to our Terry Skelton Fund. The Terry Skelton Fund assists youth to attend diocesan events whose families need financial assistance. Please ask attendees to bring a minimum of \$5.00 to donate to the fund during the collection at Mass on Saturday. This is an important cause, and we need to replenish this fund. Please don't let this detail be overshadowed by all the other fun things during convention.

2024 Registration Fees

Convention Fee per Person: \$ 140.00

Hotel Room \$ 278.00

*Parking fee of \$6.00 per car will be your responsibility as you check in to the hotel

We will not automatically combine sharing of hotel rooms with another parish.

Please understand that not all adults wish to share rooms and therefore, we cannot guarantee a roommate for you.

REGISTRATION DEADLINE: MARCH 14, 2024



HOW TO REGISTER YOUR PARISH:

Complete the MASTER FORM, HOTEL ROOMING LIST, SAFE ENVIRONMENT APPROVAL LETTER, and any SCHOLARSHIP FORMS, and send with a check for your fees made payable to the Diocese of Little Rock Youth Office before March 14th. **WE DO NOT SEND YOUR PARISH A BILL FOR CONVENTION – PAYMENT IS DUE WITH REGISTRATION.** You may email a PDF of these completed forms to tgency@dolr.org and then mail the originals along with your check for payment to:

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

<u>2024 Registration Fees</u>	
Convention Fee per Person: \$ 140.00	Hotel Room: \$ 278.00
*Parking fee of \$6.00 per car will be your responsibility as you check in to the hotel	
HOTEL BREAKDOWN FIGURES FOR CHARGING EACH OF YOUR REGISTRANTS:	
To determine each registrant’s hotel fee, divide the total room cost by the number of people assigned to the room (NOT TO EXCEED 4/ROOM), i.e., 4/rm = \$70.00 each, 3/rm = \$93 each, 2/rm = \$139/each, 1/rm = \$278/each. Then, add the convention fee to that amount to determine each person’s total cost.	
We will not automatically combine sharing of hotel rooms with another parish. Please understand that not all adults wish to share rooms and therefore, we cannot guarantee a roommate for you.	
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MEDICAL CONSENT AND LIABILITY WAIVER FORMS: Every registrant (youth and adult) must fill out these forms. These forms must be in the possession of the parish youth minister, or designated adult chaperone, at all times during the convention, and travel to and from parish to the convention site. **DO NOT SEND THESE FORMS IN WITH REGISTRATION.**

SAFE ENVIRONMENT APPROVAL LETTER: All chaperones **MUST** have Safe Environment approval to attend the convention. Each parish must send the signed SAFE ENVIRONMENT APPROVAL LETTER with names of the chaperones listed by the March 14th deadline.

\$140 REGISTRATION FEES INCLUDE THE FOLLOWING: Saturday lunch and dinner, convention T-shirt and entry to all convention activities.

HOTEL RESERVATIONS: All hotel reservations are made through the diocesan youth office. Hotel room cost for the convention (Friday and Saturday nights) is \$278.00 per room (see breakdown cost in green box above). Your parish is responsible for the full cost of hotel rooms even if you do not have four occupants per room. Upon your request, we can connect you with another parish to inquire about sharing open spots in hotel rooms.

SCHOLARSHIPS: We do have some scholarships available for this event. If you have a youth attending whose family is financially in need, have them complete the application form and send this in with your registration. We will notify you if your request has been approved. *Please note: if you are sending in a request for scholarship go ahead and deduct that amount from your fees and we will notify you if the requested scholarship amount cannot be granted and will request the remaining balance be paid.

CONVENTION BEGINS: Friday, April 5th at 7:15p.m. and ends Sunday, April 7th at 9:30a.m.

Registration is from 5:00p.m.- 7:30p.m. on Friday, April 5th. The Opening and General Session starts at 7:15p.m. A detailed schedule will be sent with registration confirmation

MASTER FORM 2024 State Convention

REGISTRATION DEADLINE IS: MARCH 14, 2024

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 NUMBER (____) _____

List ADULTS Attending Convention FIRST: (minimum: one per 10 youth). Type or print all the necessary information.

T-SHIRTS: S M L and XL (no extra cost), 3XL or larger (\$8.00 extra).

Chaperones must be 22 years old.

NAME	A/Y	M/F	T-shirt Size
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 \$ 140.00 = Total cost of registration fees: _____
 Total number of HOTEL ROOMS: _____ X \$ 278.00 = Total cost of hotel rooms: _____
 Total number of 3XL T-shirts: _____ X \$ 8.00 = Extra t-shirt charge: _____
 Late Fee (if registering after MARCH 14, 2024 ___ x \$20.00 additional fee/person _____

Grand Total Fee Paid: _____

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

(If further space is needed, copy these pages.)

Rm. #	Arv 4/5	Dep 4/7	First & Second Person	A/Y	M/F	Third & Fourth Person	A/Y	M/F
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								

Catholic Youth Convention - Chaperon Guidelines

Welcome! As a chaperon, 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 chaperon.

We require that:

- ☞ **all** chaperons from your parish are to enforce the code of behavior and set an example for youth.
- ☞ **all** chaperons are responsible for all youth from your parish and ensure they 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. Chaperons must spread out among their teens to be present and available to your group. It is expected that chaperons will not leave the conference area and we 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 chaperons consume any alcoholic beverages or illegal drugs during the weekend.
- ☞ **chaperones** check youth rooms at curfew to make sure all youth are accounted for. Chaperons are expected to take their turn monitoring the halls and other areas as requested by the chaperon in charge of the floor. **No food orders after curfew.** If your youth need assistance, please go to their rooms to ensure their safety. For safety reasons, it's best for the chaperons to be in the halls rather than youth after curfew.
- ☞ enforce curfew and the dress code.
- ☞ **any** alcohol, drugs, or firearms found with/on a person or in a hotel room will be considered the possession of those in that room and 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 chaperons are expected to follow these rules. In the interest of safety and security, do not leave your group without a chaperon. Should an emergency arise, check in with the diocesan youth director, head chaperon, 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 chaperon guidelines.

(Chaperone's Signature)

(Parish/City)

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

Catholic Youth Convention
Guidelines for the Adult in Charge of Parish Group

The following will help you in planning for a successful experience. **We require that:**

- All adult advisors/chaperons are at least **22 years of age**. These adults should be known by the youth.
- Each group has at least one chaperon for every **eight** teens.
- We respectfully request all adults stay off of their cell phones during our sessions; they are setting the example.
- If you have both male and female participants, have both male and female adult chaperons.
- Enforce the code of behavior and set an example for youth. Code of Behavior and Medical/Transportation Forms **MUST** be in the possession of the youth minister in charge of the parish group. **A copy of all medical forms will be checked at check-in. You MUST keep a copy of your group's medical forms with you during this event.**
- All adults are to sign a Chaperon Guideline Form. These are to be sent into the diocesan office with registration materials.
- Any alcohol, drugs, firearms, or explosives found with/on a person or in a hotel room will be considered the possession of those in that room and 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:

- 1) Meet with everyone attending convention prior to the event 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 who 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. Remember that breakfast is on your own each morning. Consider bringing continental breakfast items with you for your youth.
- 5) Review the diocesan rules and your own expectations as you travel to this event.

ADULT MEDICAL RELEASE FORM

Date: _____ Parish: _____

Name: _____

PLEASE PRINT

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: (____) _____ Cell 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: _____

If 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: _____

YOUTH Expectations & Code of Behavior - Convention

At all Diocesan sponsored activities, we expect youth to represent the Diocese of Little Rock well! We hope that youth 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 name badges for all activities.
- All participants must be in their own room from evening curfew to 7:00 AM. **Guys and girls are not to be in the same sleeping room at any time.** Only registered convention participants are allowed in sleeping rooms.
Dress code: **Always** - no halter-tops, no short shorts, no plunging neckline tops, no NIKE shorts, no midriff tops, and no spaghetti strap tops, no tight exercise/yoga pants, no sagging jeans, no inappropriate language on t-shirts. If dressed inappropriately, the individual will be asked to change. **REMEMBER, MODEST IS HOTTEST!! Dress appropriately for Mass.**
- Ordering of food is not permitted after curfew.
- Smoking, vaping and the illegal use of drugs and/or alcohol will not be permitted.

CODE OF BEHAVIOR . . .

1. 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.
2. Participants should not leave the activity site unless accompanied by an adult from their parish.
3. The possession and/or use of vape pens, alcohol, drugs, firearms, or explosives is prohibited. Any of these items found in a hotel room are considered belonging to those assigned to the room.
4. Christ-like behavior is promoted and always expected. Therefore, inappropriate contact, touch, gesture, language, or activity of a sexual nature is unacceptable.

Infractions of the Code of Behavior or any other inappropriate activity 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 will result in dismissal from convention. One's parent/guardian is responsible for removing the 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)

(Phone Number - Night)

()

Cell Phone Number

Diocese of Little Rock / Office of Catholic Youth Ministries

YOUTH PARENTAL/GUARDIAN MEDICAL CONSENT AND LIABILITY WAIVER

Participant's Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Participant's Email: _____ Participant's cell: _____

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

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

_____ Grade _____ Age _____ Sex: M/F Shirt Size:

____ Small ____ Medium ____ Large ____ X-Large ____ XX-Large ____ 3XL

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 the Catholic Youth Convention, to be held April 5-7, 2024, at Robinson Center and DoubleTree Hotel.

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. Additionally, my signature gives permission for my child to be contacted through social media, such as Facebook, twitter, etc. as well as e-mail.

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 with 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 currently.

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.

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

Testimonial to the Diocese of Little Rock
Suitability for Adult Lay Persons serving as Chaperones for
the 2024 STATE CONVENTION

Safe Environment Letter

Youth Ministry Office
Diocese of Little Rock
2500 N. Tyler Street, P. O. Box 7565
Little Rock, Arkansas 72217

Attached are approved chaperones for _____ Parish in
_____ who will be serving as chaperones for the **STATE CONVENTION**
being organized by the Youth Ministry office of the **Diocese of Little Rock to be held on APRIL 5-7,**
2024, at Doubletree Hotel/Robinson Center in Little Rock. I am able to make each of the
statements listed below for the chaperones listed from the parish:

- Is a Catholic in good standing in our parish.
- Is in compliance with the diocesan safe environment requirements.
- Is a person of good moral character and reputation.
- I know of nothing which would in any way limit or disqualify any of the people on the attached list from this ministry.
- I am unaware of anything in their backgrounds which would render them unsuitable to work with minor children.

Based on my inquiries and on my personal knowledge, the attached named lay people are fully qualified to serve as a chaperone for the parish in an effective and suitable manner.

Signature of Parish Safe Environment Coordinator

Signature of Parish Priest

Print Name

Print Name

Date

Date

PLEASE SUBMIT THIS FORM BY TO THE DIOCESE OF LITTLE ROCK - YOUTH OFFICE WITH YOUR REGISTRATION. LIST OF APPROVED CHAPERONES: *(List your parish chaperones below)*



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 _____

2024 INDIVIDUAL REGISTRATION FORM

State Catholic Youth Convention

April 5 - 7, 2024

Each participant attending the convention MUST complete this form. Please complete the form carefully, supplying ALL the requested information **USING INK, PRINTING LEGIBLY, OR TYPING.**

CHECK ONE: Youth _____ Chaperone _____

Male ___ Female ___
LAST NAME FIRST (for name tag)

ADDRESS CITY & ZIP PHONE NUMBER

ATTENDEE'S CELL PHONE NUMBER: (_____) _____

SCHOOL GRADE AGE EMERGENCY NUMBER

Handicaps/Allergies /Special (i.e., food) needs that we should be aware of: _____

T-Shirt - I want size (circle one): Small Medium Large X-Large **XX-Large** **XXX - Large**

Enclose an additional \$6.00 if ordering an XX Large or XXX Large; other sizes are included in your registration fees.

TOTAL REGISTRATION AND HOTEL FEES PAID _____

**(This form is here for your use in collecting information from your youth group.
It does not have to be submitted to the Diocese.)**

DEADLINE TO RETURN FEES AND FORM IS: