NOVEMBER 9, 2025 ENDURANCE JUNIOR HIGH YOUTH RALLY



WITH SPEAKER:

CAITIE CATALDO

MT. SAINT MARY'S, LITTLE ROCK

\$50 PER PERSON (INCLUDES T-SHIRT & LUNCH)

DEADLINE: 10/09/25



JUNIOR HIGH YOUTH RALLY Caitie Cataldo

Caitie has been in Catholic education and ministry for nearly 15 years. She earned a Bachelor's Degree from Marian University in Pastoral Theology and most recently worked as the Senior Theology Teacher and Director of Campus Ministry at Central Catholic in Lafayette, Indiana. Caitie was a foster mom to at-risk teens before adopting my son, now a toddler. She recently got married and would love to tell you how it all happened. God is good. Now she works part-time in high school campus ministry, project-based middle school ministry, and coordinate monthly events for adult Catholics. Traveling a few times per month to speak to women, teens, and teachers works well with my vocation right now. Caitie comes with a bag packed of practical tips, relatable catechesis, and a Sacrament-focused witness with sound Theology for the modern Catholic. For nearly 15 years she has traveled around the country speaking to Catholic youth, women, and teachers and was one-half of the comedy duo Nun & Nunner. Sharing the faith is her passion. She'll use humor, story-telling, and music to remind you of Who God is and what that means for you.

STEPS TO SUBMIT YOUR PARISH REGISTRATION FOR JUNIOR HIGH YOUTH RALLY

- 1. Fill out the Master Form for your parish group
- Have your parish Safe Environment Coordinator check to make sure that all of your chaperones have taken the safe environment course and are compliant with the diocesan guidelines. Then have your parish priest sign the Safe Environment Letter approving that all chaperones are compliant.
- Gather all completed Waiver and Consent forms. (Youth and Adult Liability Waivers, Medical Consent forms and Code of Behavior and Chaperone Agreement)
- Prepare check for payment of fees for your parish group.

SEND THE FOLLOWING ITEMS TO THE YOUTH OFFICE AT THE DIOCESE OF LITTLE ROCK:

- 1. Parish Master Form
- 2. Signed Safe Environment Letter by your Pastor
- 3. Parish Check for your registration fees
- Submit items 1, 2 and 3 (Master form, Safe Environment Letter and Check) to the Diocese of Little Rock – Youth Office by the October 9th deadline.

BRING WITH YOU TO THE EVENT

- All Waiver and Consent forms for your group. These will be checked at the Registration desk and after verification your group will be allowed in the event.
- 2. Any late registration fees that were not paid in advance.

Junior High Youth Rally Sunday, November 9, 2025

Tentative Schedule

10:30am	Registration, Games Outside
10:50am	Praise and Worship/Ice Breakers, TEAM JESUS AND YAC
11:20am	Welcome and Introductions
11:30am	Opening Prayer
11:40pm	Opening Skit
11:45pm	Introduction of Key Note Speaker, Caitie Cataldo Lunch
12:30pm	served from MSM cafeteria Afternoon Afternoon games/
1:15	activites
3:15pm	Team Jesus
3:20pm	Afternoon skit
3:40pm	Wrap Up Talk, Caitie Cataldo
4:00pm	Break for Mass Set up
4:10pm	Guided Adoration Contemplative Music, TEAM JESUS
4:40pm	Mass
5:35pm	Dismissal

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 will be verified at check-in. You must keep a copy of your parish medical forms with you for travel to, from and during the event.
- 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.
- 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.
- If you have both male and female participants, have both male and female adult chaperones.
- Bring snacks with you.
- Review the diocesan rules and your own expectations as you travel to this event.

MASTER FORM - JR HIGH RALLY - NOVEMBER 9, 2025

	First Name	Last Name	Parish	City	Adult Youth	Male Female M/F	Shirt Size S / M L / XL 2XL / 3XL	Food Allery or other special needs
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30.				2.0			7	
31.							9	
32.								
33.	4	-		1	18 3			
34.								
35.				3			7	

Total number of participants X \$50.00 = \$		*Please submit one check for your parish fee
Name of youth minister/chaperone of gro	up:	
Cell Phone Number: ()	Email:	
Mailing Address:		Completed forms are due by: October 9, 2025

Email completed form to tgentry@dolr.org Completed forms are due by: October 9, 2025

Please send Master Form along with signed Safe Environment Approval Letter

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

JUNIOR HIGH YOUTH RALLY

Safe Environment Letter

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

	I. Tyler Street, P. O. Box 7565 lock, Arkansas 72217			
Attach	ed are approved chaperones forwho will be serving	Parish in g as chaperones for the JUNIOR HIGH YOUTH RALLY		
2025,	organized by the Youth Ministry office of the D	iocese of Little Rock to be held on NOVEMBER 9, ble to make each of the statements listed below for		
٥	Is a Catholic in good standing in our parish.			
۵	Is in compliance with the diocesan safe enviro	onment requirements.		
٥	Is a person of good moral character and repu	tation.		
0	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 background minor children.	ds which would render them unsuitable to work with		
	sed on my inquiries and on my personal knowl alified to serve as a chaperone for the parish in	. N		
Signature of Parish Safe Environment Coordinator		Signature of Parish Priest		
Print Name		Print Name		
Date	11 3	Date		

PLEASE SUBMIT THIS FORM BY TO THE DIOCESE OF LITTLE ROCK - YOUTH OFFICE WITH YOUR REGISTRATION. Due October 9, 2025

LIST OF APPROVED CHAPERONES: (List your parish chaperones below)

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/CMG Connect
 Training and Up to date on all CMG Connect 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 event, 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.

<u>All</u> 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.)

ADULT MEDICAL RELEASE AND LIABILITY 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/allerg	gies/special health information:
Please list any medications (prescription	ons or non-prescription) that you would like us to be aware
Medical Insurance Company:	Policy Number:
Policy in the name of:	Relationship:
Emergency Contact Name and Numbe	т:
	ot have insurance, payment in full for medical care
cost or expense arising from my particle or executed by the Diocese of Little Ro 31, 2025 ("Youth Ministry Office ever High Youth Rally, Junior High Specta Convention and Catholic Charities Surorganization or any such person, arisin way, to any action or omission to act of execution of this event. I authorize trees	, do hereby release, hold harmless and discharge the dunteers from any and all liability, claim, loss, damage, ipation in any and all events that are produced, conducted ock's Youth Ministry Office from July 1, 2024 to July nts"), including but not limited to the following: Senior cular, Weekend for Life, Confirmation Retreat, State mmer Institute. I waive such claims against such ag directly or indirectly from or attributable in any legal of any such organization or person in connection with atment by a licensed medial physician or licensed medical that may so arise, or any hospitalization necessary.
Signatura:	

YOUTH ATTENDING EVENT

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 ☐Wor
Parish:	GradeAgeSex: M 🔲 🔲 F
	Parent/Guardian for youth under 18 years of age. 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 xecuted by the Diocese of Little Rock's Youth
	y 31, 2026("Youth Ministry Office events"),
	g: Junior High Rally, Senior High Youth Rally, State Convention and Catholic Charities
Summer Institute.	State Convention and Cautone Charines
I agree on behalf of myself, my child's o	ther parent if known, or living (name of parent)
	. My child named herein, or our
	rmless and defend the Diocese of Little Rock, the
	ster, other agents, etc.) or any representatives less the parties involved were careless or negligent.
	se to use any photographic images of my child for
	ommunicate with my child through the use of social
Signature (Parent/Guardian)	Date
Signature (Participant 18 years of age or older must sign	Date

YOUTH 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: Phone Name & Relationship____ Phone Family Doctor: 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 is as follows: My child is taking the following medication at the present time: Medication(s): Dosage Medication Dosage Administer: Thereby 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) Thereby GRANT PERMISSION for nonprescription medication (such at 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: Birth Date: Mother's Name: ___ 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

YOUTH - Expectations & 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 June 30, 2024 to July 31, 2025 ("Youth Ministry Office events"), including but not limited to the following: Senior High Rally, Junior High Spectacular, Weekend for Life, and State Convention.

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 alcohol, drugs, weapons (knives), fireamsor explosives are prohibited. Any of these items found on a person will be removed from the event immediately.
- 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.
- 5. Participants are expected to attend all sessions of this activity. Name badges must be worn at all times.

DRESS CODE: CASUAL.

I understand and accept this code of behavior.

Not allowed: no inappropriate wording/art work on t-shirts, Nike/sport athletic shorts, yoga pants, tank tops, halter tops, short-shorts, shirts/dresses with spaghetti straps, or midriff tops. No exposed underwear; i.e., sagging jeans, etc. If dressed inappropriately, the individual will be asked to change.

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 is likely to result in dismissal from convention. One's parent/guardian is responsible for removing the participant from the convention site.

(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 - Eveni	ng)

Testimonial to the Diocese of Little Rock of Suitability for Lay Persons serving as Chaperones (Safe Environment – CMG Connect)

Most Reverend Anthony B. Taylor Diocese of Little Rock 2500 N. Tyler Street, P. O. Box 7565	
Little Rock, Arkansas 72217	
Your Excellency:	
Attached are approved chaperones for	Parish in
the	(Name of Parish) Diocese of Little Rock who will be serving as
chaperones for the Jr. High Rally office of the Diocese of Little Rock during	and organized by the Youth Ministry the following time frame: November 9, 2025 , We are elow for the chaperones listed from the parish:
 attached list from this ministry. I am unaware of anything in their backwork with minor children. Based on our inquiries and on our person	affe environment requirements. Indireputation. Indirepu
qualified to serve as a chaperone for the p met all the Diocesan Safe Environment c	parish in an effective and suitable manner and have riteria.
Signature of Parish Safe Environment Site Administrator	Signature of Parish Priest
Print Name	Print Name
Date	Date

PLEASE SUBMIT THIS FORM TO THE DIOCESE OF LITTLE ROCK - YOUTH OFFICE WITH YOUR REGISTRATION. (Mail to: Youth Office/Diocese of Little Rock/2500 N. Tyler Street/Little Rock/AR/72207 or Fax 501-664-0119) Email to: tgentry@dolr.org



Diocese of Little Rock—Youth Office Scholarship Application

Name:		
Mailing Address:		
Street Address	City	Zip Code
Email: Parish:		
Parish:		
Youth Leader:		
Diocesan Event For Which	Scholarship Money Will I	Be Used
*Amount Requested:		
* Scholarship requests should be MADE Of contributed toward the overall event fee. requests made for a larger scholarship am	In special cases, consideration ma	
Please provide an explanation as t event and what you hope to gain b	• •	
		
		
Applicant Signature	Data	
Applicant SignatureParent Signature		
Youth Leader Signature		