JUNIOR HIGH YOUTH RALLY

Sunday, November 8th, 2026

Mount St. Mary Academy, Little Rock

$40/person (includes lunch)

Registration Deadline: 10/14

JUNIOR HIGH YOUTH RALLY

Tentative Schedule

10:30a.m.	Registration
10:50a.m.	Ice Breakers / Introductions
11:30a.m.	Opening Prayer / Opening skit
11:45a.m.	Speaker
12:30p.m.	Lunch
1:15p.m.	Outdoor games/activities
3:00p.m.	Final speaker
4:30p.m.	Mass
5:30p.m.	Dismissal

STEPS TO REGISTER YOUR PARISH YOUTH GROUP

1. Fill out the Master Form for your parish group
2. 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.
3. Gather all completed Waiver and Consent forms. *(Youth and Adult Liability Waivers, Medical Consent forms and Code of Behavior and Chaperone Agreement)*
4. 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
4. Submit items 1, 2 and 3 *(Master form, Safe Environment Letter and Check)* to the Diocese of Little Rock – Youth Office by the **October 14th deadline.**

BRING WITH YOU TO THE EVENT

1. 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.

MASTER FORM – JR HIGH RALLY – NOVEMBER 8, 2026

#	First Name	Last Name	Parish	City	Adult Youth A/Y	Male Female M/F		Food Allery or other special needs
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35.								

Total number of participants X $40.00 = $_____ ***Please submit one check for your parish fees.**

Name of youth minister/chaperone of group: _____

Cell Phone Number: (____) ____-_____ Email: _____

Mailing Address: _____

Email completed form to tgentry@dolr.org Completed forms are due by: **October 14, 2026**

Please send Master Form along with signed Safe Environment Approval Letter

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.

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.

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

I understand and accept these chaperone guidelines.

_____

(Chaperone's Signature) (Parish/City)

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

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/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, 2026 to July 31, 2027 ("Youth Ministry Office events"), including but not limited to the following: Senior High Youth Rally, Junior High Spectacular, Weekend for Life, 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 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 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** ☐**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, 2026 to July 31, 2027("Youth Ministry Office events"), including but not limited to the following: Junior High Rally, Senior High Youth Rally, Weekend for Life, 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 **Date**

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

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:

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 is 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 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: _____

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**

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), firearms or 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.

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.

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 - Evening)*

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

Attached are approved chaperones for _____ Parish in _____ who will be serving as chaperones for the **JUNIOR HIGH YOUTH RALLY** being organized by the Youth Ministry office of the **Diocese of Little Rock to be held on NOVEMBER 8, 2026, at Mt. St. Mary Academy 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.
Due October 14, 2026
LIST OF APPROVED CHAPERONES: (List all chaperones below)