

# STRENGTHEN

## EACH OTHER CONVENTION



WITH JACKIE FRANCOIS ANGEL

## APRIL 8-10, 2022

DOUBLE TREE, LITTLE ROCK,

\$125 REGISTRATION & \$276 HOTEL ROOM: 4 YOUTH PER ROOM



Dear Youth Ministers:

We are preparing for the 70th Annual Catholic Youth Convention. The convention will be held **APRIL 8-10, 2022**, at Robinson Center and the DoubleTree Hotel in Little Rock. Our theme is "STRENGTHEN EACH OTHER." Our keynote speaker for this year is Jackie Francois Angel and other special guests. You might consider going to Jackie's website to learn more... <http://www.jackiefrancois.com/>. We know you will agree that it will be an awesome time!

Registration will be held in the Lobby area of the DoubleTree Hotel at Markham and Broadway Streets; here you will pick up your name badges and t-shirts for your group. You will pick up your youth group's room keys at the front desk of the Doubletree Hotel.

A few reminders:

- Don't forget your generous and much needed donation for the Terry Skelton Fund at the Mass offertory. Donations to the Terry Skelton Fund are our resource for funding scholarships to those in need, so please be generous.
- The Terry Skelton Fund is available to those youth who cannot afford to attend. Ensure that the scholarship request comes with a completed Scholarship Application. Use this link to download the application from our website:  
<https://www.dolr.org/sites/default/files/documents/diocesanscholarshipapplication.pdf>
- **All chaperones *must be* at least 22 years of age and have been certified through the CMG Connect program. Attach a Testimonial of Suitability signed by your pastor that includes the names of all adult chaperones.** You must have male and female chaperones if you have male and female youth attending the convention.
- Chaperones of each parish are responsible for their youth for the entire weekend, as well as, watching out for all youth present.
- **Have youth bring: men's jeans sizes 28-36 (there biggest need is jeans), men's boxer shorts sizes small to 3XL, hats and gloves, women's underwear sizes small to 3XL, and socks to be donated to Jericho Way, a homeless day resource center operated by De Paul Society. These items should be turned in at the registration desk.**
- 8x10 photos of your parish group can be purchased from our photographers. Please be prepared to pay for these photos at the time you place the order.
- The theme for the dance will be determined and sent to you later.
- **Please note that parking at the DoubleTree will be billed to the driver's room and costs \$6.00/night.**

Please feel free to contact the Office of Catholic Youth Ministry with any questions you may have.

Pax,

Liz Tingquist  
Trish Gentry  
Catholic Youth Office

2022 Registration Fees

Convention Fee per Person: \$ 125.00  
Hotel Room: \$ 276.00

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 = \$69.00 each, 3/rm = \$92 each, 2/rm = \$138/each, 1/rm = \$276/each. Then, add the convention fee to that amount to determine that person's total cost. We will not automatically combine rooms unless you request that we do. Please understand that not all adults wish to share rooms and therefore, we cannot guarantee a roommate for you.

**REGISTRATION DEADLINE: MARCH 16, 2022**

It is the policy of the Diocesan Youth Office that those students in the 9th - 12th grades during the 2021 - 2022 school year will be permitted to attend convention. Anyone not pre-registered will not be permitted to attend convention.

► **All hotel reservations** will be made through the diocesan office. Hotel room cost for the weekend is \$276.00 per room. [Your cost breakdown example: 1 occupant = \$276.00, 2 occupants \$138.00 each, 3 occupants \$92.00 each, 4 occupants \$69.00 each] (2 nights, maximum of 4 people per room). **Your parish is responsible for the full cost of a room even if you don't have 4 to a room unless you have contacted another parish to share the room and split the cost of filling/sharing sleeping rooms. Additionally, there will be a \$6.00/night fee for hotel parking.**

► The adult in charge of the parish delegation will be responsible for turning in room keys and paying for any charges incurred at the time of check-out (telephone, damages, etc.). You may be asked to leave a credit card at check-in if you want to charge to your rooms.

► **Registration fees** include: Saturday lunch and dinner, convention t-shirt and entry into all convention activities. The registration fee is \$125/per person. It is best to eat supper Friday night **before** convention officially opens.

**Medical Consent/Liability Waiver and Code of Behavior Forms/Covid 19 Waiver** (enclosed): At the convention, the adult in charge must have in his/her possession the Medical Consent/Liability Waiver, Covid 19 Waiver and Code of Conduct forms for each participant, including adult chaperones. These will be inspected when you register on site to ensure that all youth/adults have these forms. Please keep these forms on you at all times during the event. **Remember that all chaperones must meet the diocesan VIRTUS safe environment standards and a Testimonial of Suitability Letter must be sent to our office PRIOR to convention with your Parish Master Registration form.**

► **TERRY SKELTON FUND:** This fund provides scholarship money for youth within our Diocese who would be unable to attend Diocesan events unless aided financially. Your generous contribution provides these youth the awesome experience of gathering with our larger church community. Please ask your parish to consider a donation to this vital fund. Additionally, we would suggest that you make an appeal to parents whose children benefit from your parish's youth activities. **PLEASE BE GENEROUS.** This donation is collected during the mass on Saturday evening. We recommend at least a \$5.00 donation per youth attending.

► **Terry Skelton Fund Financial Scholarship:** Help with partial funding for a few registrants in financial need through the Terry Skelton Fund is available. Please have any teens needing scholarships fill out the **Scholarship Request form and submit this with your Master Form** indicating the amount requested for financial assistance. Fees will be adjusted as funds are rewarded.

► **Youth and Adult Advisory Council Applications:** The Diocesan Youth Office **must receive applications** and reference forms for membership on the Youth and Adult Advisory Councils by **March 9, 2022.** Applicants will be required to **come to the Diocese on March 13th for a personal interview for the Youth Advisory Council. Additionally, applicants need to be available for our YAC retreat scheduled for July 16-17, 2022, at St. John's Catholic Center in Little Rock.**

► **Items to Bring to Convention** - 1) donation for the Terry Skelton Fund, 2) code of conduct/medical and transportation forms, 3) Chaperone Forms, and 4) homeless items for donation.

**Emergency Calls:** For emergency calls, please inform your participants that the hotel phone number is (501) 372-4371. It would be best if the call is made directly to you, the youth minister, and then forwarded to the appropriate room.

**Additional Emergency Phone Numbers During Convention:** For emergency calls, diocesan staff phone numbers are as follows: Liz Tingquist's cell is (501) 258-0682 and Trish Gentry's cell is (501) 352-1682. Messages may also be left at the DoubleTree Hotel at (501) 372-4371.

**MASTER FORM**  
**2022 State Convention**  
**REGISTRATION DEADLINE IS: MARCH 16, 2022**  
*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), XXL or larger (\$2.00 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 \$ 125 .00 = Total cost of registration fees: \_\_\_\_\_  
 Total number of HOTEL ROOMS: \_\_\_\_\_ X \$ 276.00 = Total cost of hotel rooms: \_\_\_\_\_  
 Total number of XXL T-shirts: \_\_\_\_\_ X \$ 5.00 = Extra t-shirt charge: \_\_\_\_\_  
 Late Fee (if registering after MARCH 16, 2022 \_\_\_ 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 4/8	Dep 4/10	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 - 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.

### **We require that:**

- ☞ **all** chaperones enforce the code of behavior and set an example for youth.
- ☞ **all** chaperones are responsible for each youth assigned to you to 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 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 chaperones consume any alcoholic beverages or illegal drugs during the weekend.
- ☞ **chaperones** check youth rooms at curfew to make sure all youth are accounted for. Chaperones are expected to take their turn monitoring the halls and other areas as requested by the chaperone in charge of the floor. Food orders, after curfew, must be picked up in the lobby by an adult chaperone.
- ☞ **strictly 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** 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.

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(Chaperone's Signature)

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(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/chaperones are at least **22 years of age**. This adult should be known by the youth.
- Each group has at least one chaperone for every **ten** 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/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 Chaperone 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 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.
- 2) 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.
- 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: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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

**2022 INDIVIDUAL REGISTRATION FORM**  
**State Catholic Youth Convention**  
**April 8 - 10, 2022**

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 \$5.00 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.)**

<b>DEADLINE TO RETURN FEES AND FORM IS:</b>
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## Expectations & Code of Behavior - Convention

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 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 at any time.

### 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, 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.

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*(Participant's Signature)*

*(Date)*

**I consent to the conditions stated above on participation in this event.**

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*Parent/Guardian's Signature)*

*(Date)*

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

*(Phone Number - Day)*

*(Phone Number - Night)*

( )

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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  Pager  Work

Parish: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex: M/F

Shirt Size: \_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ X-Large \_\_\_ XX-Large

**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 Catholic Youth Convention, to be held April 8 – 10, 2022, 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

## 2022 Catholic Youth Convention

“STRENGTHEN EACH OTHER”

**(Tentative Schedule)**

DoubleTree Hotel, Little Rock

### **Friday, April 8**

5:00p – 8:00p	Registration – DoubleTree Hotel Lobby
7:45p – 8:15p	Youth Director/Chaperone Meeting, (Room to be announced)
8:00p – 8:45p	Icebreakers followed by Praise and Worship – Robinson Center Ballroom
8:45p – 11:00p	Opening /Prayer/Keynote JACKIE FRANCOIS ANGEL
11:00p – 11:15p	Night Prayer Service
11:30p	Curfew/Everyone in their hotel rooms

### **Saturday, April 9**

7:45a – 8:30a	Breakfast on your own
9:00a	Opening Prayer and Skit – Robinson Center Ballroom
9:10a	Keynote Presentation, JACKIE FRANCOIS ANGEL
10:15a	XLT Session, led by TJ and YAC (Reconciliation to be offered)
12:15p	Lunch, DoubleTree Hotel outside plaza (Reconciliation available throughout lunch)
1:00p	Breakout Sessions
3:00p	Parish Breakouts
3:45p	Keynote Presentation, JACKIE FRANCOIS ANGEL
4:15p	Free Time before Mass
4:45p	Mass Servers, Readers, New and Old YAC Practice
5:30p	<b>Mass at Robinson Center Grand Ballroom with Installation of 2022/2023 Youth Advisory Council</b>
7:00p	Dinner
8:30p	<b>Dance</b> , Robinson Center Ballroom <b>OR</b> Other activities to be determined
10:45p	Night Prayer Service
11:30p	Curfew, everyone in hotel rooms

### **Sunday, April 10**

7:00a – 7:45a	Breakfast on your own
8:00a – 8:30a	Praise and Worship/Energizers, Robinson Center Ballroom
8:30a – 9:30a	Closing Prayer Service/Convention PowerPoint/Senior Farewell

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

**2022 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 8-10,  
2022, 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)***



**Assumption of the Risk and Waiver of Liability  
Relating to Coronavirus/COVID-19  
Diocese of Little Rock**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

\_\_\_\_\_ (**Catholic Youth Convention, April 8 – 10, 2022 “the Program”**) has put in place preventative measures to reduce the spread of COVID-19; however, the Program cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Program could increase your risk and your child(ren)’s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Program and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Program employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at the Program or participation in Program programming (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Program—including but not limited to its employees, agents, and representatives, the Diocese of Little Rock, and any Parish or School with which the Program is affiliated—of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Program, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Program event.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Name of Youth Participant(s)