MOUNT ST. MARY
LITTLE ROCK

RESCUED FROM

INDIFFERENCE SR. HIGH RALLY

OCTOBER 13, 2019
SPECIAL GUEST SPEAKER
NOELLE GARCIA



\$30.00

ABOUT NOELLE GARCIA

Noelle Garcia is a Catholic recording artist and speaker, wife, and mom to five kids. She travels the country sharing the faith through witness, Scripture, catechesis, and music. For over ten years Noelle has shared her ministry at events such as Steubenville Youth Conferences, the National Catholic Youth Conference, LA Congress, and many others. Her main topics include sharing her witness of struggling with depression and self-harm, and having faith during suffering. She has three music albums - her latest "Wonderfully Made" — is a project she did with her husband, David McHugh. Noelle also has two Lighthouse Media talks: "13 Reasons Why You Matter" and "Getting Others to Heaven." Noelle has a Masters of Theological Studies from Newman University. She currently resides in Dodge City, Kansas..



STEPS TO SUBMIT YOUR PARISH REGISTRATION FOR SENIOR HIGH YOUTH RALLY

- 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. 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 3rd 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

2019 Sr. High Youth RallyOctober 13, 2019 – Mt. St. Mary Academy, 3224 Kavanaugh Blvd. Little Rock, 72205 AR Please TYPE or PRINT all necessary information

PARISH	CITY				
	()			
NAME & PHONE # OF Adult Advisor in Charge (AAIC)	(Area Code Nu			
ADDRESS, CITY & ZIP OF AAIC					
EMAIL ADDRESS:	_CELL Pho	ne Number ()		
EMAIL ADDRESS: Please note: You must have 1 adult (minimum) for eve There must be at least 1 male chaperone if there are male	ry 10 youth youth and	at least 1 female	e chapero	one if there are fe	male
youth. NAME			A/Y	M/F	
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PLEASE ATTACH A SIGNED COPY OF THE SAFE ENVIRONMENT LETTER VERIFYING THAT YOUR ADULT CHAPERONES ARE COMPLIANT WITH DIOCESAN POLICY.

(If further space is needed, copy these pages)
PLEASE SEND MASTER FORM AND
CHAPERONE SAFE ENVIRONMENT
LETTER ALONG WITH YOUR PARISH
CHECK TO BY OCTOBER 3, 2019 TO:

THE DIOCESE OF LITTLE ROCK YOUTH MINISTRY DEPARTMENT P.O. BOX 7565 LITTLE ROCK, AR 72217-7565

Testimonial to the Diocese of Little Rock Suitability for Adult Lay Persons serving as Chaperones for the SENIOR 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 SENIOR HIGH YOUTH RALLY being organized by the Youth Ministry office of the Diocese of Little Rock to be held on OCTOBER 13, 2019, 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

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)

Date

Date

AdultChaperone 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.)

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 must be turned in at check-in. You should also keep a copy of the medical forms with you as well.
- 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 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:
	es/special health information:
	as or non-prescription) that you would like us to be aware
	Policy Number:
Policy in the name of:	Relationship:
Emergency Contact Name and Number:	
In the event that the participant does not becomes the responsibility of the patient	have insurance, payment in full for medical care
Diocese of Little Rock, its staff and volucost or expense arising from my participal or executed by the Diocese of Little Roce 20, 2020 ("Youth Ministry Office event High Youth Rally, Junior High Spectace State Convention and Catholic Charities organization or any such person, arising way, to any action or omission to act of a execution of this event. I authorize treats	o hereby release, hold harmless and discharge the inteers from any and all liability, claim, loss, damage, ation in any and all events that are produced, conducted ek's Youth Ministry Office from July 1, 2019 to July s"), including but not limited to the following: Senior alar, Weekend Extravaganza, Confirmation Retreat, a Summer Institute. I waive such claims against such directly or indirectly from or attributable in any legal any such organization or person in connection with ment by a licensed medial physician or licensed medical at 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:	GradeAgeSex: M 🔲 🔲 F		
Shirt Size:SmallMediumLarge	X-LargeXX-LargeXXX-Large		
CONSENT & LI	ABILITY WAIVER		
I (name of parent/guardian)			
Signature (Parent/Guardian) Signature (Participant 18 years of age or older must sign own co	Date 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:
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 <u>DO NOT GRANT PERMISSION</u> 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 <u>GRANT PERMISSION</u> 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: No Date of last tetanus/diphtheria immunization
You should be aware of these special medical conditions of my child:
<u>INSURANCE INFORMATION</u>
(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)

Page 2 of 2

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 August 1, 2018 to July 30, 2019 ("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.

(Phone Number - Day)

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 - Evening)

Senior High Youth Rally Sunday, October 13, 2019 "Rescued from Indifference"

Tentative Schedule

10:30am	Registration, Games Outside
11:00am	Praise and Worship/Ice Breakers, TEAM JESUS
	AND YAC
11:30am	Welcome and Introductions
11:45am	Opening Skit –
11:50pm	Opening Prayer
12:00pm	Introduction of Key Note Speaker, Noelle Garcia
12:45pm	Lunch served from MSM cafeteria
3:32pm	Afternoon Prayer
3:35pm	Wrap Up Talk, Noelle Garcia
4:15pm	Break for Mass
4:25pm	Contemplative Music, TEAM JESUS
4:30pm	Mass



Diocese of Little Rock—Youth Office Scholarship Application

Name.		
Mailing Address:		
Street Address	City	Zip Code
Email:		
Parish:		
Youth Leader:		
Diocesan Event For W	hich Scholarshi _l	p Money Will Be Used
*Amount Requested:		
		ily and the <u>parish</u> have <u>contributed</u> toward the n to requests made for a larger scholarship
Please provide an explanation as to wl gain by attending: (Please print or type	• •	to attend this event and what you hope to
Applicant Signature	Da	te
Parent Signature	Da	te
Youth Leader Signature	Da	nte