

Renewed

WEEKEND FOR LIFE
JANUARY 18-19, 2025



WITH SPEAKER

**AMBER
DUBOIS**

\$30/PERSON

\$98/HOTEL ROOM

**DOUBLE TREE
HOTEL, LITTLE ROCK**



**Diocese of Little Rock
Catholic Youth Ministry**

2500 North Tyler Street • P.O. Box 7565 • Little Rock, Arkansas 72217 • (501) 664-0340

Dear Youth Ministers:

Enclosed you will find information and registration for the annual Weekend for Life which will be held at the DoubleTree Hotel in Little Rock, Arkansas over the dates of January 18 - 19, 2025. **The registration deadline for this event is December 20, 2024. Scholarship money is available** for those teens wishing to attend but financially unable to do so on their own by filling out the scholarship application form and returning it to the diocesan youth office.

Registration will be held in the lobby of the DoubleTree Hotel and everyone should be checked in before 6:00p.m. Our main evening activities will take place in the Ballroom on the second floor of the DoubleTree Hotel.



This year's speaker will be Amber Sims Dubois. Amber has a unique pro-life story and loves sharing it. She has been extremely active in the pro-life movement for over 10 years and is involved in groups like PULSE, Immersion, Rachel's Vineyard, Save the 1, among others. Amber is the co-founder of Friendship Explored.

On Sunday morning, breakfast will be on your own. After breakfast your group will need to check out of the hotel by 9:00a.m. and prepare for our speaker. Immediately following the presentation, we will celebrate the Mass for Life at the Cathedral of St. Andrew. After Mass, a "grab and go" lunch will be served out of the Cathedral Parish Hall.

As usual, chaperones will share some responsibility in monitoring doors, stairwells, and exits during the evening. We will include a chaperone schedule in your registration packet as well as discuss this at the chaperone meeting on Saturday evening.

Please read through all the attached materials that outline in further detail the specifics of the weekend. Thanks for all of your support in bringing our youth together for important events such as this. Please remember to keep in prayer all those who suffer from the effects of a culture of death as we continue to work toward our main goal of respecting human life at all stages.

Thanks again for giving your time to the youth of the Diocese and these important issues of our faith.

**PLEASE REMEMBER TO BRING
ALL TYPES OF BABY ITEMS
TO BE DONATED.**

Weekend for Life

Joining people around the world to respect and protect human life

January 18 - 19, 2025

DoubleTree Hotel / Little Rock

Objective: to promote life by participating in the Mass for Life, and the Right to Life March and by treating one another with dignity, respect, love and understanding; to bring youth together from around the Diocese so they may have a safe, fun, educational, and spirit-filled time with their peers.

Registration: is by Parish only. The Adult Advisor in charge will complete the Master Form and submit one check for those registered by the Parish for this event and submit the form along with check to:

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

Payment: Make check payable to the Diocese of Little Rock/Youth Ministry

Registration fee: \$30.00 **Hotel:** \$98 per room, before the early registration deadline. After the December 20, 2024 deadline, the registration fees will increase to \$40.00 and hotel cost will be \$98 if available (you will need to call in advance to make sure rooms are available before you register late. **Registration Deadline: December 20, 2024 is the early registration deadline.** Due to hotel housing deadlines, we ask that you adhere to the early registration deadline. Registrations received after **December 20, 2024** will be on a first-come, first-serve basis until the event reaches our capacity number. Please remember that this event historically fills up very quickly, so please register as soon as you can to ensure admittance to this event. **FYI - there is another large group that will be staying at the hotel so please register early.**

Event Begins: Registration and check-in will begin at the DoubleTree Hotel Lobby Area at 4:00pm on Saturday, January 20, 2024. The hotel cannot accommodate earlier check-ins.

Items Needed for Parish Check-In: Turn in the following forms for your **youth:** (1) Expectation & Code of Behavior and (2) Medical Consent Liability Waiver form and for your **adults** the following: (1) Adult Medical and (2) Chaperone form

Chaperones: Male and female chaperones are REQUIRED if both sexes of youth attend. You are REQUIRED to have one female chaperone for every eight girls and one male chaperone for every eight boys. Our requirement is that chaperones must be 25 years of age unless discussed with Liz Tingquist. Parish chaperones will be assigned a specific time to monitor a particular area or activity during the event.

Expectations & Code of Behavior Form: Each youth participant must complete and sign the form. Please make sure all information is filled out completely. Make sure that the emergency number on this form is a different number than that of the parent/guardian.

Parental/Guardian Consent Liability Waiver & Medical Consent Form: Each youth participant must have a completed form filled out *with a copy of the front and back of his or her health insurance card attached*. Please make sure information is legible and that copies of the insurance card are legible as well. Taking these extra steps of accuracy will help should a medical emergency arise. It is the responsibility of each youth leader to have a copy of this form in their possession during this event.

Dress Code: Dress for the weekend can be considered casual but MODEST. No tank tops, spaghetti strap shirts, midriff tops, yoga or stretch pants, clothes with excessive tears or holes. No rude or vulgar pictures or sayings on clothing. Be modest in your dress or you will be asked to change.

Food: Consider checking in at the DoubleTree Hotel and then take your group out for an early dinner or you should eat before you arrive! On Sunday morning, breakfast will be on your own. Immediately following the Mass for Life, a box lunch will be provided for all parish youth group registrants that participated in the Weekend for Life. This is also included in your registration fee.

Dance: We will have the Sound Guy as our DJ for the dance. We ask that **each person** attending bring baby items for admission to the dance. These items will be donated to an area pregnancy-help center.

Sleeping Arrangements: This year we will be staying at the DoubleTree Hotel and will room boys with boys and girls with girls – sleeping 4 per room. Adults will be sleep 2 per room.

Lights Out: Please realize that quiet time at the DoubleTree is Midnight – 8:00a.m. When your group arrives on its hotel room floor they should be quiet, orderly, and immediately go to their sleeping rooms.

Check out time from the Doubletree: will be 9:00am on Sunday, January 19.

Speaker: 10:00a.m. - 11:00a.m. Sunday, January 19th at the Doubletree Hotel, Little Rock.

Mass for Life: Sunday, January 19th at 12:05 at the Cathedral of St. Andrew with Bishop Anthony Taylor, presiding at Mass, which is open to anyone.

March for Life: Begins at approximately 2:00pm (after the Mass for Life) and will take place at the State Capitol Mall. Therefore, all participants MUST drive to the State Capitol to participate. There is ample parking once at the State Capitol. For additional instructions and directions to the March: www.artl.org.

Recap on What to Bring:

- **Comfortable walking shoes for the March for Life rally (warm coat, hat, gloves if it is really cold)**
- **Expectations and Code of Conduct forms for each participant**
- **Parental/Guardian Consent, Liability Waiver and Medical Consent form for each participant**
- **Chaperone Agreement form and Adult Medical Release**
- **Games that your group may want to play (As an alternative form of entertainment during the dance)**
- **Change of clothes, toiletries, etc. for the next day**
- **Baby items to be donated**

Last but not Least: We are looking forward to having you all here in Little Rock for this event. The Youth Advisory Council is working hard to ensure that everyone has a great time while participating in the Weekend for Life.

Feel free to contact Liz Tingquist/Tricia Gentry, Office Catholic Youth Ministry, at (501) 664-0340, ext. 333/418 or by e-mail by visiting the Diocesan website if you have any further questions.



“You formed my inmost being; you knit me in my mother’s womb. I praise you, so wonderfully you made me; wonderful are your works!”

Psalm 139:13-14

Weekend for Life

Joining people all over the world to respect and protect human
life January 18 - 19, 2025

Saturday, January 18

Schedule

| | |
|------------------|---|
| 4:00pm to 6:00pm | Registration in the lobby of the DoubleTree Hotel, Markham & Broadway, LR, AR |
| 7:00pm – 7:45pm | Icebreakers and Praise and Worship in DoubleTree Hotel Ballroom |
| 7:45pm | Introductions/Welcome presented by YAC (Youth Advisory Council) |
| 7:55pm | Opening Prayer Service/Opening Skit |
| 8:00pm - 9:15pm | KEYNOTE SPEAKER: Amber Sims Dubois |
| 9:15pm | Announcements – YOUTH LEADER MEETING IN FOYER OUTSIDE BALLROOM |
| 9:30pm | Transition to Dance |
| 9:45pm – 11:30pm | Dance/Activities |
| 11:30pm | Prayer Services at the Dance (YAC) |
| 11:45pm | Dismiss to the DoubleTree Hotel by Parishes |

Sunday, January 19

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|---------|--|
| 8:00am | Breakfast / On Your Own |
| 10:00am | Speaker: TBA |
| 11:30am | Rosary for Life, Cathedral of St. Andrew |
| 12:05pm | Mass for Life, Cathedral of St. Andrew |
| 1:00pm | Box Lunch, Cathedral of St. Andrew Parish Hall |
| 2:00pm | March for Life |

MASTER REGISTRATION FORM – WEEKEND FOR LIFE 2025

| Number | First Name | Last Name | Parish | City | Adult Youth A/Y | Male Female M/F | Food Allergy or other special needs |
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Total number of youth X \$30.00 = \$ _____ Total number of hotel rooms X \$98= _____

*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

Please send Master Form along with signed Safe Environment

Approval Letter Completed forms are due by: December 20, 2024

**Diocese of Little Rock
ADULT MEDICAL RELEASE 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 any and all events that are produced, conducted or executed by the Diocese of Little Rock's Youth Ministry Office from **July 1, 2024 to July 31, 2025** (Youth Ministry Office events"), including but not limited to the following: Senior High Rally, Junior High Rally, 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: _____

Weekend for Life – Adult 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.

Special Note: Youth should be provided some leniency in having fun. However, chaperones will be treated with dignity and respect! Therefore, please note the following:

- Ratio of 1 male chaperone to 8 boys.
- Ratio of 1 female chaperone to 8 girls.
- Your chaperones **must** check that all youth are in their rooms during the designated quiet hours.
- No chaperones under the age of 25.
- There will be no tolerance of youth who are disrespectful to adults.
- All chaperones are to be Virtus-trained and in full compliance to Safe Environment Standards.

We require that:

- all adult advisors/chaperones be at least 25 years of age.
- each group have: 1 male chaperone for every 8 boys and 1 female chaperone for every 8 girls.
- all chaperones enforce the code of conduct and set an example for youth.
- male chaperones if there are male youth participating; female chaperones if there are female youth participating
- all chaperones be responsible that youth attend all scheduled functions of this event.
- while in the meetings and Mass for Life, chaperones spread out among their teens to be present and available to your group. It is expected that chaperones will not leave the ballroom area and expect other adults to be responsible for youth in your charge.
NOTE: Seating is by parish.
- Chaperones are expected to take their turn monitoring a given area as pre-assigned by the chaperone in charge.

REMEMBER: 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. **ALSO:** It is very important that all adults walk around and keep an eye on what's going on. If something is not right, **DO OR SAY SOMETHING!**

All chaperones are expected to follow these rules. In the interest of safety and security, do not leave your group un-chaperoned. Should an emergency arise, check in with the Diocesan Youth Director 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 life.

SOME HELPFUL HINTS:

- 1) An evening with just chaperones before the event would be a great opportunity to plan for the event and establish contingency plans for accidents, sickness or misconduct.
- 2) Choose chaperones who have a good rapport with teens, yet can control the group on outings and at general sessions. Choose chaperones who have been active with your youth.
- 3) Meet with the teens before the event and remind them that at all times they represent your parish. Explain to them the purpose of the Weekend for Life.
- 4) All chaperones should keep a list of their parish participants with home phone numbers at all times.

I understand and accept these chaperone guidelines.

Chaperone's Signature

Parish / City

YOUTH
Expectations & Code of Behavior - Weekend for Life

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 nametags on the upper chest at all times.
- Slam dancing, mosh pits and running trains are not permitted during the dance.
- Dress code: Casual - no inappropriate tops or t-shirts, no Nike shorts, no yoga pants, no inappropriate wording on shirts. If dressed inappropriately, the individual will be asked to change. Shoes - wear only rubber-soled shoes.
- Smoking is not permitted.
- Gum is not permitted in the building.
- All property will be left clean, especially the bathroom areas.
- Alcohol and vaping are not permitted, as well as illegal drug use.

CODE OF BEHAVIOR . . .

1. Individuals are responsible for their own actions and will be asked to assume the natural consequences of any negative behavior. Each participant will take full responsibility for any damage or theft.
2. Participants may not leave the activity site unless accompanied by an adult from their parish.
3. The possession and use of alcohol and drugs are prohibited.
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. Girls and boys will not be allowed in each other's hotel room.
5. Quiet will be enforced from MIDNIGHT - 8:00 AM.

Infractions of the Code of Behavior 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 the event. One's parent/guardian is responsible for removing the participant from the activity 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)

In case of emergency contact

at (Phone #)

Emergency Phone number may not be the same as parent/guardian

Diocese of Little Rock / Office of Catholic Youth Ministries

PARENTAL/GUARDIAN CONSENT, LIABILITY WAIVER AND MEDICAL CONSENT

Participant's Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

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

Alternate Phone Number: (_____) _____ Cell Phone Pager 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, 2024 to July 31, 2025 ("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. My signature also allows the use of any photographs of my child taken at this event to be used for promotional purposes as well as acknowledgement that they may receive email, text messages, and other forms of social media to communicate about the event.

Signature (Parent/Guardian)

Date

Signature

Date

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

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 are as follows:

My child is taking the following medication at the present time:

Medication(s): _____ 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 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.

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

| Rm. # | Arv | Dep | First & Second Person | A/Y | M/F | Third & Fourth Person | A/Y | M/F |
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**Testimonial to the Diocese of Little Rock
of Suitability for Lay Persons serving as Chaperones for the**

WEEKEND FOR LIFE

Safe Environment Approval 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 **WEEKEND FOR LIFE** being organized by the Youth Ministry office of the **Diocese of Little Rock to be held on JANUARY 18-19, 2025, at the DoubleTree Hotel and the Cathedral of St. Andrew 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 Priest

Signature of Parish Safe Environment Coordinator

Print Name

Print Name

Date

Date

PLEASE SUBMIT THIS FORM BY DECEMBER 20, 2024 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 _____