

M E M O

TO: CYMs, DREs and Middle School/Jr. High Principals
FROM: Tony Shaughnessy, Middle School Youth Rally Coordinator
Pat Rinker, Office of Youth Ministry
DATE: December 2009
RE: "Middle School Youth Rally"

Enclosed with this mailing are registration brochures, posters, group registration form, instructions for adult leaders and drivers, maps, and permission forms for the Diocesan Middle School Youth Rally on Saturday, March 13th at Jackson Lumen Catholic High School in Jackson, Michigan. All youth in the 6th, 7th, and 8th grades are eligible to attend, but they must be registered as part of a parish/school group.

Please read the enclosed step-by-step instruction sheet very carefully so you can follow the proper procedures in registering and preparing your youth and adult leaders for participation. Because the responsibility for middle school religious education and activities often overlap, we are sending this information to all DREs, CYMs, and principals of middle schools. Please coordinate publicity, registration, and supervision with the other administrators from your parish. If you would like more posters or registration brochures, please contact Margaret Grima at 517-342-2555.

The early registration fee for the rally is \$25.00 with a deadline of February 19, 2010. The late fee will be \$35.00, and the final registration deadline will be February 26, 2010.

We are only sending one group registration form, permission form, and medical release form. Please duplicate them according to your needs. Please provide name tags which include full name, parish/school, and city for each person attending, and that they have it on when they arrive at Rally. Please have one adult come to the registration table to receive your parish packet. **Each youth will need a permission form, signed by his/her parents, and a medical release form. You will need to collect these and turn them in as a group at the beginning of the rally and pick them up as you leave. PLEASE ADVISE THE YOUTH THAT THEY ARE NOT ALLOWED TO BRING CELL PHONES OR PAGERS.**

Thank you for your support and cooperation. For further information or questions you may call Margaret Grima at 517-342-2555.

NOTE: WE REQUEST THAT PARISHES AND SCHOOLS NOT USE THE RALLY AS A SUBSTITUTE FOR A CONFIRMATION RETREAT.

Steps to Prepare for CIA, Christ In All Middle School Youth Rally

1. Announce the event to your middle school youth. Invite them to participate. Invitations can be made through Religious Education classes, youth meetings, personal phone calls, bulletins, newsletters, etc. You may wish to order enough registration brochures to send home to each student. Announcements at Masses will be helpful also.
2. Collect the individual registration forms in your parish or school. Please coordinate the registrations between the parish school, religious education, and youth ministry programs. Place the names and grades on the "Group Registration Form" included with this packet. Include your adult chaperons on this form too (they must also be paid for). A single check for the total number of registrations (including adults) should be made out to the Diocese of Lansing. Send the Group Registration Form along with the check for your total amount to:

**Youth Rally- Diocese of Lansing
Registration Clerk
300 West Ottawa
Lansing, MI 48933**

NOTE: The early registration deadline at \$25.00 per person is due February 19, 2010. After February 19th, the cost of registration will be \$35.00 per person. Cut off registration date is February 26, 2010. **There will be no refunds**; replacements will be accepted.

3. Remember to recruit chaperons for your youth. Chaperons should be adults who are at least 21 years old. You should have one chaperon for every ten youth. Chaperons should come prepared to be actively involved in all of the activities of the Rally with their youth. This is an excellent opportunity for your adult leaders and youth to get to know each other better.
4. Make sure each youth has a permission slip signed by his/her parent or guardian stating that he/she can participate in the Youth Rally. These slips will be collected as you register at the beginning of the Rally and will be returned to you when you leave. All adults who are drivers should have copies of the permission slips for those youth riding to and from the Rally with them. A sample permission form, which can be copied, is enclosed.
5. All drivers must be over 21 years of age, and must fill out a "Driver Information Form" which you should keep in your records.
6. Meet with your youth beforehand to go over the code of behavior printed on the "Youth Rally Instruction" sheet included with this packet. You and your chaperons are responsible for the youth from your parish/school. Please review the guidelines with those attending.
7. It is recommended that each parish should subsidize the cost of the registration fee for their youth. You may wish to do special fund raising activities or ask for support from a group such as Knights of Columbus or Council of Catholic Women in your parish.

YOUTH RALLY INSTRUCTIONS

Adult Leaders and Drivers

1. You are responsible for the safety of the youth who ride with you. Please drive safely and defensively. Have youth use seat belts. The designated supervisor should inform you about your route and plans for traveling together.
2. Upon arriving, there will be signs directing you to registration, restrooms, etc. The parking lot will not have a security guard.
3. **Only one person from your parish/school needs to go to the registration table in the lobby to pick up your registration materials.** Each member of your group, both youth and adults, will receive a wristband. The wristband must be worn for the entire day.
4. We are counting on your help for enforcing the following code of behavior for all participants:
 1. Let all your actions and words contribute to the enjoyment of the Rally for everyone. Be your best self, representing your parish or school and yourself to the best of your ability.
 2. Participants must attend all of the activities during the day.
 3. Wrist bands and **name tags** (with full name, parish, and city) must be worn at all times. **Please provide your own name tags.**
 4. No participants will be permitted to leave the grounds of Lumen Christi Catholic High School during Rally.
 5. No foul language.
 6. Smoking is not permitted for any participants, youth, or adults during the Rally.
 7. No alcohol or other drug is to be brought or consumed during the Rally.
 8. No throwing objects or other disruptions during the sessions.
 9. Participants are not allowed to leave the premises for any reason.
 10. No cell phones or pagers are allowed.
 11. If any participant does not observe these guidelines, his/her parents will be called to make arrangements for the person to leave the Rally early.

If you notice a violation of these guidelines please inform any one of the committee members or their parish coordinator of youth ministry.

5. Please help your youth stay on the announced schedule and arrive on time for all activities. Your enthusiastic participation in all of the activities will be a model for your youth.
6. A First Aid station and Lost and Found will be set up and available during the day. Location will be announced at the beginning of the Rally.
7. Rally committee members will have a special T-shirt on. They are here to help make this day a good experience for everyone.

GROUP REGISTRATION FORM FOR MIDDLE SCHOOL RALLY 2010

(Please mail this in with payment)

Greetings in Christ!

We have decided to register groups for Rally by number per parish and not by individual name.

The reasons are as follows:

- ✓ If a CYM has someone drop out they can replace them without notifying us. They save money for the parish, time for the CYM and our office, and relieves the stress of trying to handle so many changes the week of the event.
- ✓ No need to fax names in.
- ✓ Payments need to be included with all registrations including additions.

Please use **only this form** to register with payment of all the youth and adults from your parish who will be attending Rally 2010. Remember, you must have one adult for every ten youth who attend. Return this form together with your registration fees to: Registration Clerk, Diocese of Lansing, 300 W. Ottawa Street, Lansing, MI 48933.

Parish Name & City: _____

Parish Contact: _____

Email Address: _____

Total number of youth _____

Total number of adults _____

Special Needs (name of person and special need, for example, handicap or food allergy):

- *
- *
- *
- *
- *

**HEALTH HISTORY AND MEDICAL RELEASE FORM
FOR PARISH PROGRAMS AND ACTIVITIES**

Participant's Name _____ Sex _____ Birth Date _____ Age _____
Parent/Guardian _____ Relationship to participant _____
Street Address _____ City _____ State _____ Zip Code _____
Home Telephone () _____ Work Telephone () _____

HEALTH HISTORY

Family Doctor _____ Telephone Number () _____

IMMUNIZATIONS (Record YEAR of last immunization or last time person had disease):

Tetanus/Diphtheria _____ Measles _____ Mumps _____
Chicken Pox _____ Rubella _____ Polio _____
TB _____(results) _____ Hepatitis B _____ Other _____

SPECIAL INFORMATION: (Please check all that apply. Information will be held in strict confidence.)

Sleep Walking _____ Fainting _____ Dizziness _____
Blackouts _____ Asthma _____ Kidney Problems _____
Frequent Nosebleeds _____ Frequent Colds _____ Seizures _____
Severe Headaches _____ Diabetes _____ Severe Homesickness _____
Frequent Earaches _____

ALLERGIC REACTIONS (Please list all known allergies - plant, insect, food, medicine AND TYPE OF REACTION):

Please indicate any other medical problems/situations pertinent to your child:

Any physical limitations? _____ If yes, explain _____

Any emotional/psychological limitations or reactions to be aware of? _____ If yes, explain:

Is the student presently taking any medication? _____ All medication is to be well labeled with clear, concise directions indicated here (frequently, dosage, etc.):

In an **EMERGENCY**, and if unable to reach parent/guardian, we should contact:

1. Name _____ Telephone Number () _____
2. Name _____ Telephone Number () _____

PLEASE FILL OUT BOTH SIDES

PLEASE COMPLETE 2 COPIES OF THIS FORM

Note to parent/guardian: Please read the following sections carefully. We apologize for the complexity but we must be sure we have your full consent in these areas as well as, having this document notarized.

PERMISSION FOR ROUTINE MEDICAL TREATMENT

All attempts **will** be made to notify you if your child requires medical treatment (i.e., cases of high, persistent fever; severe vomiting, etc.). Please indicate whether or not you wish attempts to be made to contact you if your child becomes ill with minor symptoms (i.e., headache, sore throat, low-grade fever, etc.). **YES** _____ **NO** _____

NOTE: If you do wish to be contacted and it is not a local call, the charges shall be reversed to you.

We do not wish to give any medical treatment to your son/daughter against your wishes or family practice. Please read each of the following statements carefully and **sign only either A or B** which is in accord with your wishes:

A) I grant permission for non-prescription medication (i.e., Tylenol, cough syrup, etc.) except for the following _____ to my student if deemed advisable by the designated supervisor, and I grant permission for routine non-surgical medical care to be given to my student, if deemed advisable by the designated supervisor(s).

* SIGNATURE _____ DATE _____

or

B) I do not want **ANY** type of medication administered to my child unless the situation is life-threatening and emergency treatment is required.

* SIGNATURE _____ DATE _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, I hereby give permission to transport my child to the nearest hospital/emergency center for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.

*SIGNATURE _____ DATE _____

FAMILY INSURANCE PROVIDER/HEALTH PLAN _____

HEALTH PLAN NUMBER (Include expiration date): _____

PARENT PERMISSION FORM FOR DIOCESAN MIDDLE SCHOOL RALLY

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a parish/school sponsored activity requiring transportation to a location away from the parish building. This activity will take place under the guidance and supervision of authorized personnel from _____ parish/school. A brief description of the activity follows:

- Name of the Event: Diocesan Middle School Rally**
- Destination: Lumen Christi Catholic High School, Jackson, Michigan**
- Date of Departure: March 13, 2010**
- Time of Departure:**
- Date of Return: March 13, 2010**
- Anticipated Time of Return:**
- Method of Transportation:**
- Designated Supervisor of Activity:**
- Student Cost:**
- Emergency Phone Number:**

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and acknowledgment. As parent or legal guardian, you remain responsible for any legal responsibility which may result from actions taken by the named student. Keep this section for your information. Please be advised that there are no cell phones or pagers allowed into the event. Adults will have cell phones for emergency purposes. Also, if the youth leave the premises for any reason they will be sent home.

PERMISSION FORM FOR DIOCESAN MIDDLE SCHOOL RALLY PARTICIPATION

I hereby consent to participation by my son/daughter, _____ in the Diocesan Middle School Rally on March 13, 2010. I understand the event described in the upper portion of this sheet, including all the details mentioned. I consent to my son/daughters' participation. I understand that no event, including the one described above, is without risk of significant injury. Nevertheless, on behalf of myself and my child, I voluntarily waive any liability of any sort that might arise on the part of the Catholic Diocese of Lansing, and Lumen Christi H.S., or any cleric, administrator, teacher, employee, volunteer, agent, chaperone, parent, or student, in connection with this event. My signature attests to my understanding, consent, and waiver, as set forth in this paragraph.

(print parent's name)

(parent's signature)

(date)

MEDICAL INFORMATION

My child is allergic to : _____

My child must take the following medication (indicate dosage, frequency, etc.):

Please note specific medical problems (use back if necessary): _____

In case of emergency notify (include phone number): _____

If the above person is unavailable notify: _____

I grant permission for non-prescriptive medication (e.g. Tylenol, throat lozenges, cough syrup, or Pepto-Bismol); and routine nonsurgical medical care to be given to my child if deemed advisable by the supervising parish/school personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.

Signature _____ Date _____

Family Health Plan & Number _____