

YOUTH RALLY

Junior High Youth Rally Informational Sheet
Catholic Diocese of Sioux Falls
Huron High School – 801 18th SW – Huron, SD
October 10, 2010

Registration time 11:30 pm - 12:00 pm

Deadline date is: **September 30, 2010**
NO WALK INS WILL BE ALLOWED TO ATTEND.

Information regarding the Junior High Rally:

- The total cost for the Junior High Youth Rally is \$25 per youth. \$35 after registration deadline, if space allows.
 - For students who are currently in 6th through 8th grade.
- The fee for adults is \$20.
- The adult ratio of 1 per 8 youth is required
- **All** participants must be pre-registered.
- Payment must be received prior to the rally.
- Registration fees are non-refundable.
- All forms may be duplicated.
- The rally will conclude at 6:30 pm.
- Please send forms and appropriate payment to the *Adolescent Faith Formation Office at 523 North Duluth Ave, Sioux Falls SD 57104* by **September 30, 2010.**
- Questions call: 605-988-3763 or email gnelson@sfcatholic.org

Check list of forms to be sent to Youth Office:

Please complete the forms for each participant.

- Registration Form – make sure all information is completed on each participant
- Payment

These forms must be filled out but can be kept and filed at your Parish

- Parental/Guardian Consent Form and Liability Waiver – for each youth
- Sexual Misconduct Policy – all adult chaperones must sign
- Youth Event Adult Volunteer Driver Form – adult volunteer driver must sign

Information for Adult Leaders and Parents:

- T-shirts, books and gifts will be sold at the rally. Purchase of these items is at the expense of participant.

Cancellation Policy

Please be aware of our policies regarding cancellations as follows:

- It sometimes becomes necessary for the Diocese to cancel a scheduled event due to low numbers, weather, or other extenuating circumstances. Please note that every attempt possible will be made to notify you of this cancellation. If the diocese does cancel an event all fees will be fully reimbursed.
- Due to overwhelming demand and the need for advance planning, we require a definite commitment from participants. Therefore, all payments are nonrefundable. Failure to pay by the requested date will result in a forfeiture of your spots so we can accommodate, to the best of our abilities, any over-flow.
- Please be aware that these policies are in place so that we may be as fair as possible to all groups and so that we may prepare adequately for the participants who are able to attend.

Youth Rallies 2010

CATHOLIC DIOCESE OF SIOUX FALLS

YOUTH EVENT PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's Name: _____ Parish _____

Address: _____
Street/PO Box _____ City/State _____ Zip _____

Date of Birth: _____ Age: _____ Gender: Female Male

Parent/Guardian's Name: _____ Relationship: _____

Home Phone: _____ Alt Phone: _____

I, _____, grant permission for my child, _____
Parent or Guardian's Name Child's Name

to participate in the experience(s) marked above during the corresponding dates of the activity and at the location listed above, understanding that if said event requires transportation to a location away from the parish site, such activity will take place under the guidance and direction of event employees.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor "participant". I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns, to hold harmless and defend the Catholic Diocese of Sioux Falls, the sponsoring organizations, and the hosting organizations, their officers, directors and agents, chaperones, and representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Catholic Diocese of Sioux Falls, chaperones, and representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

I hereby give permission for images of my child, captured during the above named event, through video, photo and digital camera, to be used solely for the purposes of promotional material and publications within the Catholic Diocese of Sioux Falls, and waive any rights of compensation or ownership thereto.

Signature: _____ Date: _____
Parent or Guardian's Name

Emergency Medical Treatment: In the event of an 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 an emergency, if you are unable to reach me at the numbers previously given for the parent/guardian, contact:

Name & Relationship to participant: _____ Phone: _____

Family Doctor: _____ Phone: _____

Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____
Parent or Guardian's Name

Specific Medical Information:

Allergic reactions (medications, foods, plants, insects, etc.): _____

Medications Currently Taking: _____

Other special medical conditions: _____