



Rescued

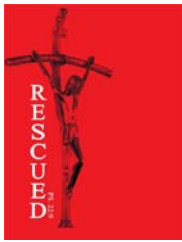
CATHOLIC YOUTH CONVENTION

WITH GUEST SPEAKERS

DOUGETOKE & KATIE PREJEAN

APRIL 3-5, 2020

DOUBLE TREE HOTEL, LITTLE ROCK



Dear Youth Ministers:

We are preparing for the 70th Annual Catholic Youth Convention. The convention will be held **APRIL 3-5, 2020** at Robinson Center and the DoubleTree Hotel in Little Rock. Our theme is "RESCUED." Our keynote speakers for this year are Doug Tooke and Katie Prejean with special sessions on various forms of prayer. 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 toiletry items, socks, refillable water bottles, backpacks (new or gently used) and ear buds to be donated to Jericho Way, a homeless day resource center that is operated by the St. Vincent de Paul Society. You may turn in these items 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 at a later date.
- **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

2020 Registration Fees

Convention Fee per Person:	\$ 135.00
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 9, 2020

CONVENTION INFORMATION

It is the policy of the Diocesan Youth Office that those students in the 9th - 12th grades during the 2019 - 2020 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 \$135/per person. It is best to eat supper Friday night **before** convention officially opens.

Medical Consent/Liability Waiver and Code of Behavior Forms (enclosed): At the convention, the adult in charge must have in his/her possession the Medical Consent/Liability 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 February 20**. Applicants will be required to **come to the Diocese on March 15th for a personal interview for the Youth Advisory Council.** **Additionally, applicants need to be available for our YAC retreat scheduled for July 18-19, 2019 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
2020 State Convention
REGISTRATION DEADLINE IS: MARCH 9, 2020
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 \$ 135.00 = 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 the deadline) _____ 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 4/3	Dep 4/5	First & Second Person	A/Y	M/F	Third & Fourth Person	A/Y	M/F
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								

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

2020 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 3-5, 2020, 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)*

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 make sure the dress code is adhered to.

☞ **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.

(Chaperone's Signature)

(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 in to 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

Revised 8 – 2018

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 in any and all events that are produced, conducted or executed by the Diocese of Little Rock's Youth Ministry Office from **July 1, 2019 to July 30, 2020** ("Youth Ministry Office events"), including but not limited to the following: Senior High Youth Rally, Junior High Spectacular, Weekend Extravaganza, 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 the Youth Ministry Office events. 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: _____ Date: _____

YOUTH FORM

Diocese of Little Rock / Office of Catholic Youth Ministries

REVISED 8-2019

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

Shirt Size: ___ Small ___ Medium ___ Large ___ X-Large ___ XX-Large ___ XXX-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 **any and all events that are produced, conducted or executed by the Diocese of Little Rock's Youth Ministry Office from August 1, 2019 to July 30, 2020 ("Youth Ministry Office events"), including but not limited to the following: Junior High Spectacular, 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. I also give my permission for the Diocese to use any photographic images of my child for Diocesan use and allow the Diocese to communicate with my child through the use of social media.

Signature (Parent/Guardian)

Date

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

Date

MEDICAL CONSENT

(EFFECTIVE FROM AUGUST 1, 2019 TO JULY 30, 2020)

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. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself).

I acknowledge and agree that it is my responsibility to inform the Diocese of Little Rock's Youth Ministry Office if at any time any of the above information needs to be changed, amended, or updated prior to the expiration date of this Medical Consent,

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

CATHOLIC YOUTH MINISTRY

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, 20__ to July 30, 20__ ("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. Participants are expected to attend all sessions of Youth Ministry Office events. Name badges must be worn at all times.
2. **Dress code:** casual - no inappropriate t-shirts, tops/dresses with spaghetti straps, halters, short-shorts, or midriff tops. No Nike athletic/running shorts. No underwear showing from jeans/pants being worn too low. If dressed inappropriately, the individual will be asked to change. No shorts for Mass.
3. 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.
4. Participants may not leave the site of the Youth Ministry Office event unless accompanied by their parent/guardian or an adult from their parish.
5. The possession and/or use of alcohol, tobacco products and illegal drugs are prohibited.
6. Christ-like behavior is promoted and expected at all times. Therefore, inappropriate contact, touch, gesture, language or activity of a sexual nature which would offend any person is unacceptable.

Infractions of these rules 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 Youth Ministry Office event. Participant's parent/guardian is responsible for removing 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 Youth Ministry Office events.

(Parent/Guardian's signature)

(Date)

Phone number (Day) _____ Cell Phone Number: _____

Contact person if parent/guardian are unavailable

(Phone #)

Diócesis de Little Rock / Oficina de Pastoral Juvenil Católica

Revisado 8-2017

CONSENTIMIENTO DE PADRE DE FAMILIA/TUTOR, EXENCIÓN DE RESPONSABILIDAD Y CONSENTIMIENTO MÉDICO

Nombre del Participante: _____ Fecha de Nac.: _____

Domicilio: _____

Ciudad: _____ Estado: _____ Código Postal _____

Nombre de Padre/Tutor: _____ Tel. de Casa: () _____

Núm. de Tel. Alternativo () _____ Celular Bíper Trabajo

Parroquia: _____ Grado _____ Edad _____ Género: M/F

CONSENTIMIENTO Y EXENCIÓN DE RESPONSABILIDAD

¡Importante! El Padre/Tutor de un joven menor de 18 años de edad debe completar esto. Si el participante tiene o es mayor de 18 años de edad, puede completar y firmar éste consentimiento.

Yo (nombre del padre/tutor) _____, otorgo permiso para que mi hijo, (nombre del participante) _____, pueda participar en **cualquiera y todos los eventos que se realicen, se lleven a cabo o se ejecuten por la Oficina de Pastoral Juvenil de la Diócesis de Little Rock del 1º de julio, 20__ al 30 de junio, 20__** (“eventos de la Oficina de Pastoral Juvenil), incluyendo pero no limitándose a lo siguiente: Convivio de Secundaria, Convivio de Preparatoria, Gran Espectáculo de Fin de Semana, Retiro de Confirmación, Convención Estatal e Instituto de Verano de Caridades Católicas.

Estoy de acuerdo a nombre propio, a nombre del otro padre de mi hijo, si se conociese, o que esté vivo (nombre del padre) _____, de mi hijo nombrado en la presente, y de sus herederos, sucesores, y albaceas, eximir y mantener libre de perjuicios y defender a la Diócesis de Little Rock, la parroquia patrocinadora (su párroco, ministro de jóvenes, otros agentes, etc.) o a cualquier otro representante asociado con la actividad programada a menos de que las partes involucradas hayan actuado descuidadamente o negligentemente. También otorgo permiso para que la Diócesis utilice cualquier imagen fotográfica de mi hijo para uso Diocesano y le permito a la Diócesis comunicarse con mi hijo a través de las redes sociales.

Firma (Padre/Tutor)

Fecha

Firma

Fecha

(Participante de 18 años de edad en adelante debe firmar su propio consentimiento)

CONSENTIMIENTO MÉDICO

(VIGENTE DESDE EL 1° DE JULIO, 2019 HASTA EL 30 DE JUNIO, 2020)

Asuntos Médicos

Por medio de la presente doy fe de que mi hijo cuenta con buen estado de salud, y asumo toda la responsabilidad por la salud de mi hijo. De las siguientes declaraciones con respecto a asuntos médicos, firme sólo aquellos con los que está conforme:

Tratamiento Médico Urgente

En caso de cualquier emergencia, por medio de la presente doy permiso para que transporten a mi hijo a un hospital para recibir tratamiento médico o intervención quirúrgica urgente. Deseo que me avisen antes de cualquier otro tratamiento por parte del hospital o doctor. En caso de cualquier emergencia y que no puedan comunicarse conmigo, comuníquense con:

Nombre y Parentesco _____ Teléfono (____) _____

Médico Familiar: _____ Teléfono (____) _____

Medicamentos

Mi hijo traerá todos sus medicamentos, bien etiquetados, que fuesen necesarios. Los nombres de los medicamentos e indicaciones concisas para asegurarse de que mi hijo tome dichos medicamentos, incluyendo la dosis y la frecuencia son los siguientes:

Mi hijo está tomando los siguientes medicamentos actualmente:

Medicamento(s): _____ Dosis: _____

Administración: _____

____ Por la presente **NO DOY PERMISO** para administrar ningún tipo de medicamento, ya sea con o sin receta médica a mi hijo a menos de que la situación sea de vida o muerte y que se requiera tratamiento urgente. (Por favor escriba sus iniciales)

____ Por la presente **DOY PERMISO** para administrar medicamento con o sin receta médica (tal como Tylenol, pastillas para la garganta, jarabe para la tos) a mi hijo, si fuese recomendable. (Por favor escriba sus iniciales)

INFORMACIÓN SOBRE CONDICIONES MÉDICAS

(El personal diocesano se asegurará de mantener confidencialmente la siguiente información)

Mi hijo/hija tiene: _____

Ha tenido un episodio de lo siguiente o ha sido diagnosticado con Ataques Epilépticos Asma Diabetes

Ha tenido reacciones alérgicas a lo siguiente (alimentos, tintes, látex, etc.) _____

¿Ha sido operado dentro de los últimos seis meses? Sí No ¿Está aún bajo observación médica? Sí No

¿Está bajo una dieta médica? _____

Tiene las siguientes restricciones _____

¿Están al día sus vacunas? Sí No Fecha de la última vacuna contra el tétano/difteria _____

Tiene que estar informado sobre las siguientes condiciones médicas especiales de mi hijo: _____

INFORMACIÓN DE SEGURO

(Por favor incluya una copia de la Tarjeta del Seguro, frente y reverso, con este formulario)

Compañía de Seguro Médico: _____

Nombre del Titular: _____

Número de Identificación del Seguro: _____ Número de la Póliza de Seguro: _____

Nombre del Papá: _____ Fecha de Nacimiento: _____

Lugar de Empleo: _____

Nombre de la Mamá: _____ Fecha de Nacimiento: _____

Lugar de Empleo: _____

____ No, no cuento con seguro médico en este momento.

En caso de que los chaperones del evento se percaten de que mi hijo se enfermó con síntomas frecuentes tal como dolor de cabeza, vómito, dolor de garganta, fiebre, diarrea, deseo que me llamen inmediatamente.

Doy fe y estoy de acuerdo en que es mi responsabilidad informar a la Oficina de Pastoral Juvenil de la Diócesis de Little Rock si en cualquier momento fuese necesario cambiar, enmendar o actualizar cualquier información anteriormente mencionada antes de que caduque la fecha de este Consentimiento Médico.

Firma (Padre/Tutor) Padre Tutor debe firmar por cualquier joven menor de 18 años de edad

Fecha

Firma (Participante de 18 años de edad en adelante debe firmar su propio consentimiento)

Fecha

Diócesis de Little Rock – Código de Comportamiento

¡Esperamos que representes muy bien a la Diócesis de Little Rock durante todas las actividades diocesanas! Esperamos que muestres la madurez, liderazgo y carácter responsable que por tantos años ha distinguido a la juventud católica dentro de esta diócesis.

CÓDIGO DE COMPORTAMIENTO:

1. Se espera que los participantes asistan a todas las sesiones de esta actividad. Deben llevar puestos los gafetes con su nombre todo el tiempo.
2. **CÓDIGO DE VESTIMENTA: CASUAL.**
No se permite: no texto/arte inapropiado en camisetas, shorts Nike/deportivos, pantalones de yoga, playeras con tirantes, blusas escotadas, shorts demasiado cortos, blusas/vestidos con tirantes delgados, o blusas a medio escote. No ropa interior expuesta, i.e.: pantalones por debajo de la cintura, etc. Si se viste inapropiadamente, se le pedirá al participante que se cambie.
3. Cada persona es responsable de sus propias acciones y se le pedirá que asuma las consecuencias por cualquier comportamiento negativo. Cada participante se responsabilizará totalmente por cualquier daño o robo.
4. Los participantes no pueden alejarse del lugar del evento a menos de que vaya acompañado por su padre/tutor o un adulto de su parroquia.
5. Se prohíbe la posesión y/o uso de alcohol, productos de tabaco y drogas ilegales.
6. No se permiten armas de ningún tipo en nuestros eventos. (Pistolas, cuchillos, etc.)
7. Se espera que muestren y promuevan un comportamiento cristiano todo el tiempo. Por lo tanto, el contacto, roce, gestos, lenguaje o actividad de naturaleza sexual que pudiesen ofender a cualquier persona es inaceptable.

Infracciones a estas reglas conducirán a una reunión con el director diocesano para hablar sobre la infracción con el participante. En dado caso, aunque es raro que esto suceda, de que el problema de comportamiento basado en lo anterior requiera acción extrema, es probable que se le pida al participante que se marche del evento. El padre/tutor es responsable de remover al participante del lugar del evento.

Comprendo y acepto este código de comportamiento.

(Firma del Participante)

(Fecha)

Doy mi consentimiento a las condiciones establecidas anteriormente sobre la participación en este evento.

(Firma del Padre/Tutor)

(Fecha)

Número Telefónico (Día)

Número de Celular

Persona contacto si el padre/tutor no estuviese disponible

(# de Tel. Celular)

Lineamientos y Formulario de Acuerdo para Chaperones Adultos

¡Bienvenidos! Como chaperón, usted desempeña una parte importante para garantizar una experiencia positiva de este evento. Ofrecemos la siguiente lista de lineamientos para ayudarle a cumplir su papel como chaperón.

Pedimos que:

- **Todos los chaperones cumplan con todos los requisitos y reciban la capacitación de Ambiente Seguro/CMG Connect** (<https://www.dolr.org/safe-environment-espanol>)
- Todos los chaperones hagan cumplir el código de comportamiento y sean un ejemplo para la juventud.
- Todos los chaperones sean responsables de que cada joven que se les asigne asista a todas las actividades programadas de este evento. (Los jóvenes no pueden alejarse de una sesión y regresar a su dormitorio sin un adulto).
- **Durante** las sesiones generales, se sienten por parroquia. Los chaperones deben dispersarse entre sus adolescentes para estar presentes y disponibles para su grupo. Se espera que los chaperones no se alejen del área de la conferencia esperando que otros adultos se hagan responsables de los jóvenes a su cuidado.
- **Los chaperones** no vayan a ningún lado durante este evento donde los adolescentes no puedan ir (i.e.: cantinas, salones sociales, etc.), los chaperones tampoco deben consumir ninguna bebida alcohólica ni drogas ilegales durante el fin de semana.
- Si se encontrase **cualquier** alcohol, drogas, armas de fuego o explosivos con/o en una persona durante el Evento Juvenil Diocesano, la persona será expulsada inmediatamente por el director diocesano de pastoral juvenil. Se espera que todos los adultos informen al director diocesano si encontrasen cualquiera de estos objetos.

RECUERDEN: Durante la conferencia, ustedes son **TOTALMENTE** responsables tanto del comportamiento como de las necesidades de los jóvenes confiados a su cuidado. Por favor pongan mucha atención a ambos. Dondequiera que estemos, representamos a la juventud de la Iglesia Católica de Arkansas.

Se espera que **todos** los chaperones sigan estas reglas. Por seguridad y protección, no dejen a su grupo sin un chaperón. En caso de que surja una emergencia, diríjase al director diocesano de pastoral juvenil, chaperón principal, o a algún miembro del Comité Asesor de Adultos. Con esto en mente, creemos que todos, adultos y jóvenes por igual, tendrán verdaderamente una alegre celebración juvenil.

Comprendo y acepto estos lineamientos para chaperones.

(Firma del Chaperón)

(Parroquia/Ciudad)

(Debe enviar este formulario a la oficina diocesana junto con los materiales de inscripción).

Lineamientos para los Adultos a Cargo de un Grupo Parroquial

Lo siguiente le ayudará a planificar una experiencia exitosa

Pedimos que:

- Todos los adultos cumplan con los Requisitos de Ambiente Seguro de la Diócesis de Little Rock completando la Capacitación de Ambiente Seguro CMG.
(<https://www.dolr.org/safe-environment-espanol>)
- Todos los asesores/chaperones adultos tengan por lo menos **25 años de edad**. Los jóvenes tiene que conocer a este adulto.
- Cada grupo tenga por lo menos un chaperón por cada **ocho** adolescentes.
- Si tienen jovencitas y jovencitos participantes, debe haber hombres y mujeres chaperones.
- Haga cumplir el código de comportamiento y sea un buen ejemplo para la juventud. El ministro de pastoral juvenil a cargo del grupo parroquial DEBE tener a la mano el Código de Comportamiento y Consentimiento Médico y el Formulario de Exención de Responsabilidad. **Deberá entregar una copia de todos los formularios médicos cuando se inscriba. También debe retener una copia de los formularios médicos.**
- Todos los adultos deben firmar un Formulario de Lineamientos para Chaperones. Estos deben enviarse a la oficina diocesana junto con los materiales de inscripción.
- Si se encontrase cualquier alcohol, drogas, armas de fuego o explosivos con/o en una persona durante el Evento Juvenil Diocesano, la persona será expulsada inmediatamente por el director diocesano de pastoral juvenil. Se espera que todos los adultos informen al director diocesano si encontrasen cualquiera de estos objetos.

ALGUNOS CONSEJOS ÚTILES:

- Reúnase con los chaperones, y luego con los chaperones y jóvenes para repasar las expectativas diocesanas y parroquiales. Explique el propósito de este evento. Establezca planes contundentes en caso de accidentes, enfermedad o mal comportamiento.
- Elija chaperones que tengan una buena relación con usted, y que puedan controlar al grupo en paseos y sesiones generales. Elija chaperones que han estado activos con su grupo juvenil. **Los chaperones y los jóvenes deben conocerse mutuamente.**
- Si tienen jovencitas y jovencitos participantes, debe haber hombres y mujeres chaperones.
- Ofrezca bocadillos.
- Repase las reglas diocesanas y sus propias expectativas a medida que se prepara para viajar a este evento.

FORMULARIO DE EXENCIÓN MÉDICA DE ADULTOS

Revisado 8 – 2018

Nombre (en letra de molde): _____

Parroquia: _____

Domicilio: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Núm. Telefónico de la Casa: (____) _____ Núm. Telefónico del Trabajo: (____) _____

Nombre del Médico Familiar: _____ Núm. Telefónico: (____) _____

Fecha de Nacimiento: _____ Fecha de la última vacuna contra el tétano: _____

Por favor escriba **todas** las condiciones médicas/alergias/información de salud especial: _____

Por favor escriba **cualquier** medicamento (con o sin receta médica) de los cuales desearía que estuviéramos informados: _____

Compañía de Seguro Médico: _____ Número de la Póliza: _____

Titular del Seguro: _____ Parentesco: _____

Nombre de Contacto y Número de Emergencia: _____

En caso de que el participante no cuente con seguro médico, el saldo por el cuidado médico es la responsabilidad del paciente.

Yo, _____, eximo y mantengo libre de perjuicios y libero a la Diócesis de Little Rock, su personal y voluntarios de cualquier y toda responsabilidad, reclamo, pérdida, daño, costo o gasto que surja a causa de mi participación en cualquiera y todos los eventos que sean programados, conducidos o realizados por la Oficina de Pastoral Juvenil de la Diócesis de Little Rock. Renuncio a cualquier demanda en contra de dicha organización o de cualquier persona, que surja directamente o indirectamente o que sea atribuida de cualquier manera legal, a cualquier acto u omisión de dicha organización o persona relacionada con la realización de los eventos de la Oficina de Pastoral Juvenil. Autorizo el tratamiento por parte de un médico o equipo médico en caso de cualquier accidente o enfermedad que pueda surgir, o cualquier hospitalización que sea necesaria.

Firma: _____

Fecha: _____

2020 INDIVIDUAL REGISTRATION FORM

State Catholic Youth Convention

April 3-5, 2020

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 _____

DEADLINE TO RETURN FEES AND FORM TO PARISH IS:

**(This form is here for your use in collecting information from your PARISH youth group.
It does not have to be submitted to the Diocese.)**

2020 Catholic Youth Convention "RESCUED"
(Tentative Schedule) DoubleTree Hotel, Little Rock

Friday, April 3

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

Saturday, April 4

7:45a – 8:30a Breakfast on your own
9:00a Opening Prayer and Skit – Robinson Center Ballroom
9:10a Keynote Presentation, J
10:15a XLT Session, led by TJ and YAC (Reconciliation to be offered)
12:15p Lunch, DoubleTree Hotel outside plaza (Reconciliation available throughout lunch) Breakout
1:00p Sessions
3:00p Parish Break-outs
3:45p Keynote Presentation,
4:15p Free Time before Mass
4:45p Mass Servers, Readers, New and Old YAC Practice
5:30p Mass at Robinson Center Grand Ballroom with Installation of 2020/2021 Youth Advisory Council
7:00p Dinner
8:30p **Dance**, Robinson Center Ballroom **OR** Other activities to be determined
10:45p Night Prayer Service
11:30p Curfew, everyone in hotel rooms

Sunday, April 5

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