

# Area Catholic High School

Amarillo | Corpus Christi | Little Rock | Lubbock | Oklahoma City | San Angelo

## LISTEN ¡OYE!

*"Listen to Me" the Lord called me before I was born — Isaiah 49:1*

**November 16 - 18, 2018**

**McNease Convention Center—San Angelo, Texas**

## SPEAKERS:

**Joe Melendrez**

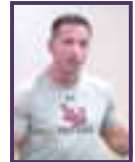
CaTHoLiC RaPPeR  
&  
HiP-HoP artist  
&  
creator of the clothing line  
God Swagg Apparel



**Odd Walk**

**Damon West**

College quarterback—  
turned—CON—turned—  
motivational speaker.



**Diocese of Little Rock Registration Fee: \$250.00\***

INCLUDES: T-shirt, bus transportation, Friday evening dinner, Saturday breakfast, lunch and dinner.

(\*Does NOT include hotel fees)

**Total Hotel Cost: \$178.00 per room - Pearl on the Conch Historic Hotel**

4 per room \$45 per person / 3 per room \$60 per person  
2 per room \$89 per person / 1 per room \$178 per person

**\$250.00 per person due: September 10, 2018**

**Final Payment / Remaining hotel room balance due: September 20, 2018**

# Youth Conference

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

**AREA HIGH YOUTH CONFERENCE, SAN ANGELO, TEXAS**

**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 the city of \_\_\_\_\_ from the **Diocese of Little Rock** who will be serving as chaperones for the **AREA HIGH SCHOOL YOUTH CONFERENCE** being organized by the Youth Ministry office of the **Diocese of San Angelo, TX to be held on NOVEMBER 16-18, 2018, at the McNease Convention Center in San Angelo, TX.** 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 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 chaperones below or on an attached sheet of paper)*

## 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 and the Area High School Youth Conference (San Angelo, TX).

### 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.

**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.

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*(Participant's Signature)*

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*(Date)*

I consent to the conditions stated above on participation in this event.

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*(Parent/Guardian's Signature)*

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*(Date)*

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*(Phone Number - Day)*

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*(Cell Phone Number )*

## Adult Chaperone 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/VIRTUS Training and Up to date on all VIRTUS 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.

**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.

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(Chaperone's Signature)

(Parish/City)

## ADULT PERMISSION AND LIABILITY WAIVER

Participant Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

I, \_\_\_\_\_, agree to participate in this diocesan event, that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from the Diocese of Little Rock \_\_\_(Arch/Diocese).

A brief description of the activity follows: (filled in by Event Coordinator)

Date(s) of Event: November 18-16, 2018  
Type of Event: Area High School Catholic Youth Conference  
Destination: McNease Convention Center, 501 Rio Concho Dr. San Angelo, TX 76903

Individual in Charge from (Arch)Diocese: **LIZ TINGQUIST** \_\_\_\_\_  
Emergency Telephone Number: **501-258-0682** \_\_\_\_\_  
Estimated Time of Departure, and Return: **LEAVE @ APPROX 4:00AM 11/16 RETURN 11:00PM 11/18/18** \_\_\_\_\_  
Mode of Transportation to and from Event: **CHARTERED BUS** \_\_\_\_\_

I am legally responsible for any personal actions. I agree on behalf of myself, my heirs, successors, and assign to hold harmless and defend Diocese of Little Rock (Arch/Diocese), its officers, directors, agents, and the Diocese of San Angelo from any liability for illness, injury or death arising from or in connection with attending the above named event, and I agree to compensate the \_\_\_\_\_ Diocese of Little Rock \_\_\_\_\_ (Arch/Diocese), its officers, directors and agents, and the Diocese of San Angelo, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

If I need to be sent home for medical or disciplinary reasons, I will be responsible for expenses.

### MEDICAL CONSENT AND PERMISSION TO TREAT

To the best of my knowledge, I, \_\_\_\_\_ am in good health, and I assume all responsibility for my health. In the event of an emergency, I give permission to transport me to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Please include a photocopy of your Insurance Card, front and back.**

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Primary Physician: \_\_\_\_\_ Contact Number: \_\_\_\_\_

I am taking medication and will bring all medication(s) with me and it will be clearly labeled. I am taking the following medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows:

\_\_\_\_\_

Please explain allergies, physical limitations, etc.: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PARENTAL/GUARDIAN PERMISSION AND LIABILITY WAIVER (Youth)**

Participant Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

I, \_\_\_\_\_, (Parent or Guardian's Name) **grant permission for my son/daughter**  
\_\_\_\_\_ (Child's Name) **to participate in this parish event, that requires**  
**transportation to a location away from the parish site.** This activity will take place under the guidance and direction of parish employees and/or volunteers from the **Diocese of Little Rock** \_\_\_\_\_ (Arch/Diocese).

A brief description of the activity follows: (filled in by Event Coordinator)

Date(s) of Event: **November 18-16, 2018**  
Type of Event: **Area High School Catholic Youth Conference**  
Destination: **McNease Convention Center, 501 Rio Concho Dr. San Angelo, TX 76903**  
Individual in Charge from (Arch)Diocese: **LIZ TINGQUIST** \_\_\_\_\_  
Emergency Telephone Number: **501-258-0682** \_\_\_\_\_  
Estimated Time of Departure, and Return: **4:00am 11/16/18 return approx. 11:00pm 11/18/18**  
Mode of Transportation to and from Event: **CHARTERED BUS** \_\_\_\_\_

*As parent and/or legal guardian, I remain legally responsible for any personal actions taken by my son/ daughter named above.*

I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend the **Diocese of Little Rock** \_\_\_\_\_ (Arch/Diocese), its officers, directors, agents, and the **Diocese of San Angelo** from any liability for illness, injury or death arising from or in connection with my son's/daughter's attending the above named event, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of San Angelo, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

*If son/daughter needs to be sent home for medical or disciplinary reasons, parent/guardian will be responsible for expenses.*

**MEDICAL CONSENT AND PERMISSION TO TREAT**

To the best of my knowledge, my child, \_\_\_\_\_ is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child to a hospital for emergency 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, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Please include a photocopy of your Insurance Card, front and back.**

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Primary Physician: \_\_\_\_\_ Contact Number: \_\_\_\_\_

*My son/daughter is taking medication and will bring all medication with him/her and it will be clearly labeled.* My son/daughter is taking the following medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows: \_\_\_\_\_

*I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) to be given to my son/daughter if necessary.* Aspirin will not be given to my son/daughter without my permission: I grant such permission:

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain (allergies, physical limitations, etc.): \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# ROOMING LIST

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Room Number	A/Y	M/F	NAMES	PARISH
1.			1. 2. 3. 4.	
2.			1. 2. 3. 4.	
3.			1. 2. 3. 4.	
4.			1. 2. 3. 4.	
5.			1. 2. 3. 4.	
6.			1. 2. 3. 4.	
7.			1. 2. 3. 4.	
8.			1. 2. 3. 4.	
9.			1. 2. 3. 4.	
10.			1. 2. 3. 4.	