



## 21<sup>st</sup> Annual Diocesan Jr. High Rally

Come join over 700 Jr. High (6<sup>th</sup> – 8<sup>th</sup> Grade) youth and adults from around the diocese as we celebrate the 21<sup>st</sup> Annual Jr. High Rally on November 3, 2018 at White Oak Conference Center! The theme for this year is "Power!" We invite you to be part of this exciting and action-packed day. Come learn how we are 'powered' by grace, the sacraments, prayer, and the Holy Spirit to live, be, and do the work of God.

***But he said to me, "My grace is sufficient for you, for power is made perfect in weakness." I will rather boast gladly of my weaknesses, in order that the power of Christ may dwell with me."***

***2 Corinthians 12:9***

This year's keynotes are Mike Patin and Katie Chin. Mike uses energy, humor and stories to affirm God's goodness and presence among us while inviting others (and himself) to take the "next step" in our journey with God. Katie is down to earth, but has a very infectious joy for life that is evident by just being around her. Katie's vulnerability to share her real life experiences through her music and her story will inspire and move you. Katie's ability to be real about her love for Christ is sure to have you look at what really matters in life.

### **Mike Patin**



Mike has worked in ministry settings since 1984, first as a high school teacher and coach, and then in diocesan ministry for the Archdiocese of New Orleans. Since 2003, he has worked full time as a speaker and "faith horticulturist." Throughout his ministry, Mike has been privileged to speak to groups ranging from 10 to 23,000 in over 130 dioceses in the U.S. and Canada. He has spoken at parish missions, conferences, rallies, retreats, leadership institutes, and in-services, addressing youth, adults, families, clergy, seminarians, school faculties, businesses, athletic teams and hospital staffs. In 2006, he received the National Catholic Youth Ministry Award. Mike lives in Lafayette, LA, with his wife, Marlene, and his daughter, Megan.

### **Katie Chin**

Katie Chin is a 20-year-old sophomore at Anderson University where she is majoring in nursing. She grew up in Irmo, SC with two beautiful sisters/best friends and three goofy poodles. Katie was a member of the Diocesan Evangelization Team for three years in High School, helped out with CLI over the summer, and participated as an animator at the 2015 National Catholic Youth Conference. Katie enjoys hanging out with her family, writing songs, and sharing with others how the Lord has worked on her heart.



The Justin Dery band will again be leading us in worship, and the E-team will provide thought provoking skits, videos, and plenty of fun activities! This high-octane day will leave you wanting more... don't miss it!

## Parent/Guardian Permission and Liability Waiver

**Description of Activity/Event:** 21st Annual Junior High Youth Retreat 2018

Date(s): Saturday, November 3, 2018

Type of Event: Youth Retreat

Arrival/Departure Time: 7:45am

ER Phone Number: 864.992.7077

Destination: Whiteoak Conference Center

Individual In Charge: Linda Powell

Mode of Transportation: Vehicle(s)

**Participant Information:**

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

**Adult Shirt Size:** \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ 2X \_\_\_ 3X**Permission to Participate:**

I, \_\_\_\_\_, grant permission for my son/daughter, \_\_\_\_\_

*Parent or Guardian's Name**Child's Name*

to participate in this parish youth ministry 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 \_\_\_\_\_.

*Parish Name***Hold Harmless Agreement:**

As parent/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 \_\_\_\_\_,

*Parish Name*

its officers, directors, agents, and the Diocese of Charleston from any liability for illness, injury or death arising from or in connection with my son's/daughter's attending the above named activity/event.

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

**Permission To Be Photographed:**

I give my permission for my child, \_\_\_\_\_, to be photographed at this event and understand that the photographs may be used for publicity, etc. \_\_\_ Yes \_\_\_ No

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

**Side A**

## MEDICAL CONSENT AND PERMISSION TO TREAT

### Release of Information:

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.

I hereby grant medical personnel permission to release medical information to the Diocesan Director and/or my parish youth minister in the event that my youth becomes ill or injured.

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

### Insurance Information:

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### Emergency Contact Information:

Parent/Guardian's Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

If you are unable to reach me, please contact:

Name: \_\_\_\_\_

Relationship to me or my son/daughter: \_\_\_\_\_

### Medical History:

My son/daughter is under the care of a medical provider. \_\_\_\_\_ Yes \_\_\_\_\_ No

Provider Name: \_\_\_\_\_ Phone 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 child if necessary. \_\_\_\_\_ Yes \_\_\_\_\_ No

My son/daughter is allergic to the following: \_\_\_\_\_

My son/daughter's immunizations are current and up to date \_\_\_\_\_ Yes \_\_\_\_\_ No

My son/daughter has the following limitations: \_\_\_\_\_

My son/daughter experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bedwetting, etc. \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain: \_\_\_\_\_

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

Side B