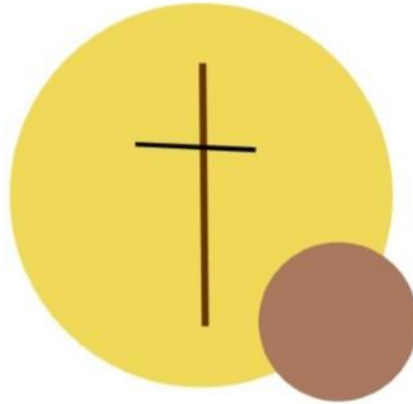


Be Upright!



2017 Jr. High Festival



Keynote by: Jacob DeRusha

[/www.jacobderusha.com](http://www.jacobderusha.com)

All 6th—8th Graders

11:00am— 4:00pm

Saturday April 29, 2017

St. Genevieve Catholic Church

100 S. Espina, Las Cruces, NM, 88001

\$10 / Person Includes lunch

The Office of Youth and Young Adult Ministry invites **all Middle School Students** and their **chaperones** to a day filled with:

- Friends,
- Fun,
- Faith
- Food



Register by April 13, 2017

For info contact your parish or Alejandro Barraza @
abarraza@dioceseoflascruces.org or 575-523-7577



Fr. Alex Ureña

**Vocations Director Diocese
of Las Cruces**

2017 Jr. High Festival

Parish Reservation Form

Parish _____

Adult Leader _____

Mailing Address _____

City _____ State _____ Zip _____

Day time Phone _____ Cell Phone _____

E-mail _____

Number of youth		X \$10	
Number of adults		X \$10	
Total			
Deposit			-
Money owed			

Please make check payable to: **Diocese of Las Cruces**

**Accounts Payable
Jr. High Festival
1280 Med Park Drive
Las Cruces, NM 88005-3239**

Be Upright!



2017 Jr. High Festival



The registration **balance and all registration forms** are due no later than
APRIL 13, 2017

2017 Jr. High Festival

Formulario de Reservación

Parroquia _____

Líder Adulto _____

Dirección _____

Ciudad _____ Estado _____ Código _____

Teléfono de Día _____ Celular _____

E-mail _____

Número de adolescentes		X \$100	
Numero de adultos		X \$100	
Total			
Deposito			-
A Dever			

Favor de hacer los cheques a:

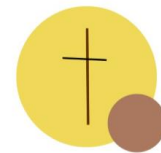
Diocese of Las Cruces

2017 Jr. High Festival

1280 Med Park Drive

Las Cruces, NM 88005-3239

Be Upright!



2017 Jr. High Festival



Las inscripciones, balance y formas correspondientes se vencen para el: **13 DE ABRIL DEL 2017**

REGISTRATION LIST – HOJA DE INSCRIPCION

Be Upright!



2017 Jr. High Festival

PARISH _____

GROUP LEADER _____

PHONE GROUP LEADER _____

MALES:

1. (chaperone)	Emergency Phone	email	Age
2.			
3.			
4.			
5.			
6.			
7.			
8.			

FEMALES:

9. (chaperone)	Emergency Phone	email	Age
10.			
11.			
12.			
13.			
14.			
15.			
16.			
TOTAL			

PLEASE MAKE AS MANY COPIES OF THIS AS NEEDED!



PARENTAL PERMISSION, HEALTH AUTHORIZATION AND RELEASE FORM

Youth's Name _____

Male: _____ Female: _____

Parent/Guardians Name _____

Primary Phone _____ Pager/Cell _____

In Case Of Emergency, Notify Person Other Than Parent/Guardian

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

HEALTH AND MEDICAL INFORMATION

Family Physician _____ Phone _____

Medical Plan _____ Plan# _____

I do hereby authorize the adult leader to allow medical treatment for my child in an emergency, as considered necessary by the attending physician. Parent Initials: _____

If you **do not** authorize this, please state the reasons why you do not want medical care given to your child in an emergency: _____

List all allergies your child has _____

List all conditions (such as allergies, seizures, asthma, diabetes) for which your child requires ongoing medication and state the type and frequency of medication given: _____

List any physical restriction or restriction for any activity on the basis of medical condition: _____

PARENTAL PERMISSION AND RELEASE AND WAIVER OF LIABILITY

I/we, parent or authorized guardian of the child named above give permission for his/her participation in the _____

_____ on: _____, and all related activities, including but not limited to transportation to and from this youth ministry event.

I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Youth Ministry staff or adult volunteer leaders.

I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in this event, whether or not caused by the negligence of diocese/parish, youth ministry program employees, agents or volunteers or other participants.

I/we understand that youth participating in youth ministry events may risk injury to the body, psyche or property damage to themselves and others.

I/We agree that photos of my son/daughter may be used to promote the youth rally via the diocesan newspaper, website, Facebook page and promotional materials such as future brochures and promotional video. We understand our son/daughter will not be identified by name.

I/We agree on behalf of myself/ourselves, my/our child named herein or our heirs, successors and assigns, to release and waive any and all claims for damages which I/we or our child may have so as to release and discharge in advances those parties hereinafter named and further agree to indemnity, hold harmless and defend the Roman Catholic Bishop of Las Cruces, and his successors, the Diocese of Las Cruces, its officers, directors and agents, volunteers, chaperons, and/or representatives, the parish, and personnel, from any and all liability arising from or in connection with my/our child attending the 2017 Jr. High Festival _____

_____ or in connection with any illness or injury or cost of medical treatment in connection.

Signature of Parent or Guardian

Date

CODE OF BEHAVIOR CONTRACT

Youth's Name _____

This *Code of Behavior* is a contract between you, your parents and the diocese, developed as a way of assisting you in **clearly** understanding what is **expected of you** during our time together. It also serves in creating a learning experience that is healthy and growthful for all involved. Every participant will be **expected** to honor and uphold the *Code* throughout our weekend together.

Please read the *Code* ***carefully and thoroughly with your parents, and then both of you are to sign it.***

- Participants and their parents are responsible for the participant's actions and any damages done to the facilities by them.
- Be respectful of others and yourself. **Foul language, crude remarks, slurs of any kind will not be tolerated.**
- Participants are expected to attend all sessions (wearing their name tag) unless explicitly excused by the Program Director. **Lack of sleep is NOT** a valid excuse for non-attendance.
- All facilities will be respected and maintained. Trash will be disposed of properly at all facilities. Dorm rooms will be left in the same condition in which they were found. Missing or damaged items will be charged to respective participants.
- Dress is casual, modest, and appropriate, reflecting Christian values. Shoes/sandals must be worn at all sessions, meals, and gatherings.
- Smoking is not permitted at any time during the *Youth Rally*.
- The purchase, possession or consumption of alcohol or drugs by participants or any other major infractions of the *Code of Behavior* will result in immediate dismissal from the program. **Parents/Guardians will be contacted and be expected to pick their son/daughter up at their own expense.**

PARTICIPANT: I understand and agree to follow the Code of Behavior Contract. I also understand that my parent/guardian will be notified at the time of any serious infractions requiring my dismissal from _____ and that they will be required to pick me up at their own expense, (*your signature must appear below in order to participate in the* _____

Signature _____ Date _____

PARENT/GUARDIAN: I agree that my son/daughter will abide by the rules and regulations outlined in the *2017 Jr. High Festival Code of Behavior Contract*. I have reviewed it and discussed the Code with my son/daughter prior to signing this form. I agree that if my son/daughter fails to consistently abide by the Code or engages in serious infractions of the Code, he/she will be dismissed from the *2017 Jr. High Festival and* I will be expected to pick him/her up immediately at my own expense (*your signature must appear below in order for your son/daughter to participate in the 2017 Jr. High Festival*)

Signature _____ Date _____

FORMULARIO DE PERMISO DE LOS PADRES Y AUTORIZACIÓN PARA TRATAMIENTO MÉDICO

Nombre del participante _____

Sexo: Hombre _____ Mujer _____

Nombre de padres/tutores _____

Teléfono principal _____ Teléfono celular _____

En caso de emergencia, notifique a esta persona (si no se ha podido contactar al padre o tutor).

Nombre _____ Parentesco _____

Teléfono de casa _____ Teléfono celular _____

INFORMACION DE SALUD/MÉDICA

Doctor de la familia _____ Teléfono _____

Plan de seguro _____ Número de plan _____

Si doy mi consentimiento para que el líder adulto autorice tratamiento médico para su hijo(a) en caso de emergencia, si se considera necesario por el médico presente.

Iniciales del padre/tutor: _____

Si usted **no** da su consentimiento, por favor Indique la razón por la cual no quiere que se le otorgue cuidado médico a su hijo(a) en caso de emergencia: _____

Indique alergias que su hijo(a) tenga: _____

Indique todas las condiciones médicas (por ejemplo ataques epilépticos, asma, diabetes) por las cuales su hijo(a) requiere medicamento continuo. Indique cuales medicamentos y la frecuencia en que se los debe tomar: _____

Indique cualquier restricción física o de otro tipo por la que se le debe restringir o evitar actividad física por causa de alguna condición médica: _____

PERMISO DE PARTICIPACIÓN Y EXIMICIÓN DE RESPONSABILIDAD

Yo/Nosotros, el/los padre/s o tutor(es) autorizados del/la joven nombrado arriba doy permiso para que participe en _____

_____ todas las actividades relacionadas a ésta, incluyendo pero no limitado el transporte de o hacia este evento del ministerio para jóvenes.

Estoy de acuerdo en informarle a mi hijo que debe cooperar con las indicaciones e instrucciones razonables del personal de la oficina del ministerio para jóvenes o de adultos líderes que estarán sirviendo como voluntarios.

Estoy de acuerdo en que seré responsable de cualquier gasto médico relacionado a lesiones de mi hijo como resultado de su participación en este evento, sea o no causado por negligencia por parte de la diócesis/parroquia, empleados del programa para el ministerio para jóvenes, agentes, voluntarios, u otros participantes.

Comprendo que los jóvenes que estarán participando en los eventos del ministerio para jóvenes corren el riesgo de lesionar su cuerpo, su psique, o causar daños a propiedad propia o de otros.

I/We agree that photos of my son/daughter may be used to promote the youth rally via the diocesan newspaper, website, Facebook page and promotional materials such as future brochures and promotional video. We understand our son/daughter will not be identified by name.

Estoy de acuerdo en que a nombre mío, de mi hijo nombrado en ésta o nuestros herederos, sucesores o asignados, de librar y eximir de cualquier reclamo por daños que yo o nuestro hijo tengamos para librar y absolver ahora y en el futuro las partes nombradas aquí y también estoy de acuerdo en indemnizar, eximir, y defender al obispo de la Diócesis de Las Cruces y sus sucesores, a la Diócesis de Las Cruces, sus oficiales, directores y agentes, voluntarios, chaperones, y/o representantes, a la parroquia, y su personal de cualquier responsabilidad que surja de o en conexión con mi hijo(a) asistiendo a:

_____ o en conexión con cualquier enfermedad o lesión o costo de tratamiento médico.

Firma de Padre o Tutor

Fecha

CONTRATO DE REGLAS DE CONDUCTA

Nombre del participante _____

Este formulario de Reglas de Conducta es un contrato entre tú, tus padres y la diócesis, desarrollada como una guía para que entiendas claramente lo que se espera de ti durante este evento. También sirve para que tengas una experiencia de aprendizaje sana y un crecimiento espiritual. Se espera que todo participante honre y respete este contrato durante todo el fin de semana.

Por favor lee este Contrato cuidadosamente y completamente con tus padres, y después ambos deben firmarlo.

- Los participantes y sus padres se responsabilizarán por las acciones del participante y cualquier daño que hayan causado a las instalaciones.
- Respeta a los demás y a ti mismo. **No se tolerará usar lenguaje vulgar, comentarios irrespetuosos, o insultos.**
- Participantes deben asistir a todas las sesiones (usando sus identificaciones) únicamente será exento con permiso del director. **El estar desvelado NO** es una excusa válida para no asistir.
- Respeta y mantén las instalaciones en buena forma. Tira la basura en los basureros respectivos de las instalaciones. Deja los dormitorios en la misma condición en la cual los encontraste. Si falta o si se destruye algún objeto, éste se le cobrará al participante respectivo.
- El vestuario es casual, modesto y apropiado. Camisetas y zapatos se deben usar durante todos los eventos formales, sesiones, comidas, y reuniones.
- **Fumar está prohibido** durante este evento de _____”.
- **La compra, posesión o consumo de alcohol o drogas resultará en la expulsión inmediata. Llamaremos a tus padres/tutores y les pediremos que vengan a recogerte y tendrán que encargarse de sus propios gastos. Infracciones serias al contrato tendrán la misma consecuencia.**

PARTICIPANTE: Entiendo y estoy de acuerdo con este Contrato. También entiendo que se les notificará a mis padres/tutores si alguna infracción seria requiere mi expulsión inmediata y que se les requerirá que vengan a recogerme y que ellos serán responsables de sus propios gastos (*tu firma se requiere para que puedas participar en _____*

Firma _____ Fecha _____

PADRES/TUTORES: Estoy de acuerdo que mi hijo(a) acatará los reglamentos presentados en este Contrato para este evento de _____”. Lo he leído y discutido con mi hijo(a) antes de firmar. Estoy de acuerdo que si mi hijo(a) no respeta el Contrato, o comete infracciones serias del mismo, él (ella) será expulsado(a) de este evento de _____ y se me requerirá que lo(a) recoja inmediatamente y que tendré que encargarme de mis propios gastos (*su firma se requiere para que el joven pueda participar en este evento de _____*

Firma _____ Fecha _____



ADULT RELEASE AND WAIVER OF LIABILITY

I agree to be responsible for all medical expenses relating to injury of myself as a result of my participation in this event, whether or not caused by the negligence of diocese/parish, youth ministry program employees, agents, volunteers or other participants.

I understand that participating in youth ministry events may risk injury to my body, psyche or property damage to me and others.

I agree on behalf of myself named herein or my heirs, successors and assigns, to release and waive any and all claims for damages which I may have so as to release and discharge in advances those parties hereinafter named and further agree to indemnify, hold harmless and defend the Roman Catholic Bishop of Las Cruces, and his successors, the Diocese of Las Cruces, its officers, directors and agents, volunteers, chaperons, and/or representatives, and the parish, from any and all liability arising from or in connection with me attending the _____ or in connection with any illness or injury or cost of medical treatment in connection.

Signature of Adult Participant

Date

HEALTH AND MEDICAL INFORMATION

Family Physician _____ Phone _____

Medical Plan _____ Plan# _____

Do you authorize medical treatment for yourself in an emergency, as considered necessary by the attending physician?

_____ **Yes** _____ **No**

State any reasons why you do not want medical care given to you in an emergency: _____

List your allergies _____

List all conditions (such as allergies, seizures, asthma, diabetes) for which you require ongoing medication and state the type and frequency of medication taken: _____

IN CASE OF EMERGENCY, contact:

_____ **Ph. No.:** _____

Relationship: _____

Adult & Young Adult Leaders, Roles and Responsibilities

All adults and young adults who participate in **Annual Diocesan Youth Rally Retreat** are to abide by the following roles and responsibilities. These responsibilities are rooted in the *Vision and Values for the Diocesan Youth Rally*:

The following are the specific responsibilities and tasks that all adult leaders are expected to accept and follow throughout the weekend.

GENERAL:

- All Adult Leaders must be **at least twenty-one (21)** years of age and young adult leaders are 18-21 years of age and at least one year out of high school.
- All adult young adult leaders are to assist in supervising **all youth** attending Annual Diocesan Youth Rally Retreat.
- Adult and young adult Leaders are models of Christian discipleship for our young people. The actions, words and behavior of adult and young adult leaders are to be Christ-like.
- One adult leader is needed for every seven youth. It is strongly recommended that if you bring girls and boys, you have at least 1 male and 1 female adult leader.
- Smoking is not permitted at any time during the Annual Diocesan Youth Rally Retreat.

The 2017 Jr. High Festival is a weekend that seeks to foster ownership on the young people who show leadership potential to make the Youth Rally experience one that is by, with and for youth.

Signature

Date
