

OLM Youth Invited to attend!

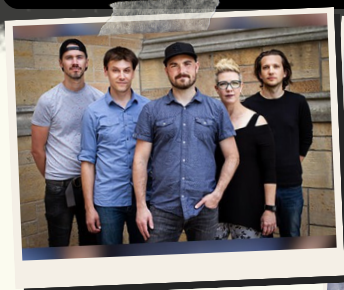


JOLIET YOUTH DAY

June 1, 2024

LEARN MORE AT PARTNERSHIPFORYOUTH.ORG/JOLIET-YOUTH-DAY/

Featuring...



sonar



katie prejean mcgrady



oscar rivera



bishop ronald hicks



Lewis University
Romeoville, IL

OLM Teens - How to attend:

Return Participant form, Permission form & \$75 fee to Faith Formation Office by **April 21st**. See Info Sheet for all the details.

Joliet Youth Day INFORMATION Sheet

Welcome to the Steubenville Joliet 1-Day Conference, an unforgettable day dedicated to transforming the lives of 8th-12th graders into passionate and joyful disciples.

Join us at Joliet Youth Event, where you'll:

- **Engage with National Keynote Speakers**
- **Experience Uplifting Praise & Worship**
- **Deepen Your Faith Through Eucharistic Adoration**
- **Find Renewal in Reconciliation**
- **And So Much More**

Date & Time: Saturday, June 1st; 9am to 5pm.

Location: Lewis University in Romeoville IL.

Who Can Attend: Graduating 7th graders through 12th graders

Cost: \$75 per person (checks made payable to OLM)

Deadline to Sign-Up: **Sunday, April 21st** (Please return the Participant Form and Permission Form to the Faith Formation Office by this deadline.)

How to register:

- 1) Please fill out the Participant Form and Permission Form and return along with the \$75 fee to the OLM Faith Formation Office located in the PLC.
- 2) The deadline to register is Sunday, April 21st.
- 3) Once you return the forms, we will send you a link to the Online registration through Partnership with Youth. This is the official conference registration that needs to be completed ASAP!

On the Day of the Event:

- 1) Meet at OLM to carpool to Lewis University at 7:45am. The event begins at 9:00am. and ends at 5:00 pm.
- 2) Lunch will be included at this event, so please eat a good breakfast before you arrive at OLM. We will also have snacks with our group.
- 3) The event ends at 5pm and we expect to return to OLM between 5:30 and 5:45 pm.

Please contact us if you have questions:

Joana & Adolfo Lopez (EDGE Youth Ministry-Grades 6-8) at 331-707-5375 or JoanaL@olmercy.com or adolfoL@olmercy.com

Dave Miserendino (LIGHT Youth Ministry-Grades 9-12) at 331-707-5371 or DaveM@olmercy.com

Joliet Youth Day Participant Registration Form

RETURN BY APRIL 21ST!

Teen Name: _____

Teen E-mail: _____

Teen Cell Phone: _____

Grade Entering the Fall of 2024: 8th 9th 10th 11th 12th

(Please circle one)

Parent Name: _____

Parent E-mail: _____

(A link will be sent to this email address from Partnership for Youth that a parent will need to complete online.)

Parent Cell Phone: _____

Parents: If you would like to attend and chaperone this event, please contact us ASAP.
(Adult chaperones will need to register online, pay the registration fee and have all Diocesan Safe Environment requirements completed.)

Thanks!

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Please return the Participant Form, Permission Form and the \$75 fee to the OLM Faith Formation Office by April 21st.



Participant Name	FIRST	LAST		
Address			City	Zip
Parent Name	Parent / Guardian 1		Name Parent/Guardian 2	
Parent Cell			Cell Parent/Guardian 2	
Parent Email	Parent / Guardian 1		Teen Cell - (HS Students ONLY)	
Parish Name			City	Zip
School Attending			City	Zip
Date of Birth		Age	Grade	M F

GENERAL PERMISSIONS

I request that my child: _____
be allowed to participate in: Joliet Youth Day on June 1, 2024

I hereby release and indemnify my parish, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Parish:

Our Lady of Mercy Catholic Church

And the Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation in the trip.

CODE OF BEHAVIOR

I acknowledge that I am representing our diocese/parish during this event, and I will represent us well. I will adhere to all Diocesan Guidelines and display responsible, mature, and respectful behavior in my words, actions, and usages.

EXPECTATIONS

- All participants are expected to arrive on time.
- All participants are expected to demonstrate respect and common courtesy at all times. Inappropriate language/behavior/conduct will not be tolerated.
- Socializing should always be done in public areas.
- Dress should reflect the values of modesty and respect, and inscriptions and images on clothing should reflect Christian values.
- The possession or consumption of any alcoholic beverages is prohibited.
- The possession of any illegal substances is prohibited and subject to legal action.
- Smoking, vaping, e-cigarettes, smokeless tobacco, and cannabis in any form are prohibited.
- Weapons and/or drug paraphernalia are prohibited.

INFRACTION OF THESE RULES CAN MEAN IMMEDIATE DISMISSAL WITH NO REFUND.

I understand and agree to the Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal my guardians (if under the age of 18) will be notified and/or I will be responsible for any and all costs related to the participants dismissal from activities and any all costs assessed by local authorities.

Parent/Guardian initial _____ Participant initial _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child: _____ by the people in charge of the event and those transporting my child to and from the event as their judgement deems advisable and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay of such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery if deemed necessary for my child.

MEDICAL INFORMATION

ALLERGIC TO MEDICATIONS: YES NO
If YES, please describe: _____
ALLERGIC TO OTHER: _____
OTHER CONDITIONS: _____

INSURANCE INFORMATION

Policy in the name of: _____
Insurance Company: _____
Policy Number: _____ **I.D.#** _____
Insurance Phone: _____
Authorized Physician: _____
Physician Phone: _____

VIDEOS, PHOTOS, and VIRTUAL PLATFORMS

Video/photos may be taken during this event. This authorization form constitutes permission for my child's participation in video and/or photos, which may be used for future promotional efforts, including the Parish and/or Diocese of Joliet website. *Additionally*, this form constitutes permission to participate in virtual platforms such as Zoom, Google, Seesaw etc. for the purpose of programmatic content. If you wish to opt out initial here:
Parent/Guardian Initial to Opt Out of Photos _____

EMERGENCY CONTACT

In the event of an emergency please contact:
Name: _____
Phone: _____ **Relation** _____
Name: _____
Phone: _____ **Relation** _____

Participant Signature		Date
Parent/Guardian Signature		Date