

JUNIOR HIGH - YOUTH MINISTRY 2017 - 2018

OCTOBER

Fri 6th-**Dance** at St. Kierans, El Cajon, 7:00 - 9:00pm Cost \$5.00 plus a can of food
Fri 13th -**ESCAPE** meeting OLG Youth Room 6:30 - 8:00 p.m. Pizza, candy for sale

NOVEMBER

Fri 3rd ***Operation Christmas Child**


6:30 - 8:30 p.m. Pizza & soda on sale in youth room.

*Our Junior High Youth will be participating in this service project to purchase small toys, school supplies, books and personal items to fill a shoe box, which will be sent to children in countries across the world, to share the Spirit of Christmas. Bring a shoe box, and \$10.00, we will meet at the youth room and drive to the 99¢ store to shop for items. (Reserve \$2 for shipping) We will then return to the youth room to wrap the boxes. Parent drivers will be needed for this activity, please contact the youth office if you can help. Drivers must complete the diocesan requirements for approval.



DECEMBER

Fri 1st-Junior High **Cookie Baking**, at OLG, 6:30-8:30 p.m.

Mon-11th  **Christmas Caroling** at Good Samaritan Rest Home, El Cajon 6-7
& Excursion to Starbuck's at Rancho San Diego 7:30 - 8:15 pm



JANUARY

Fri 5th -**Lazer Tag** - In & Out Burger -- Ultra Zone on Sports Arena Blvd. 7:30 - 9:30pm
Cost \$16.00 for Two games + also money for food at In & Out

Fri 12th- **ESCAPE** meeting OLG Youth Room 6:30 - 8pm Pizza,candy for sale \$1.00 each



FEBRUARY

Fri 9th  **Dance** @ St. Martins 7:00- 9:00 pm \$5.00 plus a can of food

MARCH

Fri 3rd  **Rollerskating** at Skate San Diego 165 Denny Way, El Cajon 7-9
Cost \$12.00 includes Skates (additional \$2.00 for slice of pizza & soda)

Fri 9th **ESCAPE** meeting OLG Youth Room 6:30 - 8 Pizza, soda, candy for sale \$1.00 each



APRIL

Fri 6th **Urban Jungle**, Santee, 6:30 - 8:00 p.m. Cost \$14.00 (6:00 check in 6:30 start)

On line Release of liability form from Urban Jungle required (urbanjunglefunpark.com) use Id# 123983 for our group when filling out the waiver. Gripper socks are required for the trampoline - socks on sale there \$2.70

Fri 13th-**ESCAPE** meeting OLG Youth Room 6:30 - 8p.m. Pizza, candy on sale \$1.00 each

MAY

Fri 4th **Movie Night** at a Local Theatre, Details TBA Cost \$12.00

Fri 11th **ESCAPE** meeting OLG Youth Room 6:30 - 8. Pizza, candy on sale \$1.00 each



Permission slip required for all events above...check email for RSVP dates and details.

Parents must provide transportation to and from all events.

Junior High Events for Permission Slip (Attached)

- Dance @ St. Kierans 10/6/17, 7:00-9:00 X_____
- Escape @ OLG 10/13/17, 6:30-8:00 X_____
- Operation Christmas Child @ OLG and \$.99 cent store 11/3/17
6:30-8:30 X_____
- Cookie Baking @ OLG 12/1/17 6:30-8:30 X_____
- Christmas Caroling @ Good Samaritan in El Cajon 12/11/17
6:00-7:00 X_____
- Laser Tag @ Ultra Zone & In & Out Burger 1/5/18 7:30-9:30 X_____
- Escape @ OLG 1/12/18 6:30-8:00 X_____
- Dance @ St. Martins 2/9/18 7:00-9:00 X_____
- Rollerskating @ Skate San Diego 3/3/18, 7-9 X_____
- Escape @ OLG 3/9/18, 6:30-8:00 X_____
- Urban Jungle in Santee 4/6/18, 6:30-8:00 X_____
- Escape @ OLG 4/13/18, 6:30-8:00 X_____
- Movie Night at Rancho San Diego Theaters 5/4/18 _____ X_____
- Escape @ OLG 5/11/18, 6:30-8:00 X_____

Whenever we are at OLG for Escape or at the dances there is always pizza, candy, water, and soda for sale for \$1.00 each

This form MUST accompany consent and liability form to be valid

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

PARTICIPANT'S NAME: _____

BIRTH DATE: _____ SEX: _____

PARENT/GUARDIAN'S NAME: _____

HOME ADDRESS: _____

HOME PHONE: () _____ MOBILE PHONE: () _____

I, _____, (parent/guardian) grant permission to _____, (name of youth) 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 from _____ (name of parish). A brief description of the activity follows:

Name of event or activity: _____ **Various activities listed on Front page** _____

Date of event: _____ **See dates on Front** _____

Destination of event or activity: _____ **Various Activites listed on Front page** _____

Name of individual in charge: _____ **Susan Skinner** _____

Estimated time of departure and return: _____ **Varies** _____

Mode of transportation to and from event: _____ **Private Car** _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend _____ (name of parish), the Diocese of San Diego, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Diocese of San Diego, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of San Diego.

Signature _____ Date _____

PHOTO/VIDEO RELEASE

I, _____ (parent/guardian) authorize the Office for Youth Ministry (OYM) of the Catholic Diocese of San Diego, its representatives, or volunteers, to photograph or record on audio or video (tape or digital) _____ (name of youth) for purposes of furthering the mission of the OYM, in this specific case, the creation of publication materials for those who participate in _____ (event & date). Photos, audio, or video may be used in printed materials and any other visual display or media. I understand that such photos and/or video recordings will be used for OYM related purposes and will not be used for any commercial purpose whatsoever. I therefore hereby waive any kind and all rights I may have for remuneration of any kind that could otherwise accrue for the uses of such photos and/or audio or video recordings.

Signature _____ Date _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for his/her health.

Of the following statements pertaining to medical matters, sign only those that are applicable.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby grant permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment administered by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, please contact:

NAME & RELATIONSHIP: _____

PHONE: _____ FAMILY DOCTOR: _____ PHONE: _____

FAMILY HEALTH PLAN CARRIER: _____ POLICY NUMBER: _____

Signature _____ Date _____

OTHER MEDICAL TREATMENT: In the event it comes to the attention of the parish, the Diocese of San Diego; its officers, directors, agents, volunteers, chaperones, and representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever or diarrhea, I want to be contacted.

Signature _____ Date _____

MEDICATIONS: My child is taking medication at present. My child will bring all medications necessary, and such medications will be well labeled. Names of medications and concise instructions for seeing that the child takes such medications, including dosage and frequency of dosage is as follows:

Signature _____ Date _____

MEDICATIONS:

No medication of any type whether prescription or non-prescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature _____ Date _____

I hereby grant permission for nonprescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

Signature _____ Date _____

SPECIFIC MEDICAL INFORMATION

The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.) _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?

Has child **recently been exposed to contagious disease or conditions**, such as mumps, measles, chickenpox, H1N1, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____