



## DIOCESE OF SACRAMENTO

### Youth & Young Adult Ministry Office

2110 Broadway • Sacramento, CA 95818 • (916) 733-0152 • [kstaszko@diocese-sacramento.org](mailto:kstaszko@diocese-sacramento.org)

December 1, 2008

Dear Youth Ministry Leader,

I'm writing to invite you and your group/ministry to our 56<sup>th</sup> Annual Youth Convention which will take place on Saturday, March 28<sup>th</sup> from 8:30am-8:30pm at Bishop Francis Quinn Catholic Center, 21893 Old 44 Drive, Palo Cedro, CA 96073, near Redding, CA.

The day will be a celebration of youth ministry in the Diocese of Sacramento and will feature APEX Ministries, a battle of the bands, Mass with our Bishop, workshops, food and fun. Early registration for the event (by February 15<sup>th</sup>) is only \$20 and includes two meals and a t-shirt.

The convention is meant primarily for high school students (9-12<sup>th</sup> Grade).

If your group blends the youth & young adult population, young adults (aged 18-24) are welcome to attend as participants if they are willing to commit to the youth code of conduct for the day.

You must provide one adult chaperone who is 25 years of age or older, has been fingerprinted (or appropriately screened) and completed the online training (at [www.shieldthevulnerable.com](http://www.shieldthevulnerable.com)) for each 8 participants (9<sup>th</sup> grade through age 24).

Registration information and the full information on the day are enclosed/attached. ***Please check the Diocesan Website for promotional materials and updates.***

Overnight accommodations are available at parishes in the area and we are looking to charter a number of buses to get people there.

***If you would like overnight accommodations for Friday and/or Saturday night, please contact Kira Creighton ASAP at 530-949-9244 or via email at [unheardwriter@hotmail.com](mailto:unheardwriter@hotmail.com).***

***If you are interested in bus transportation for your group, please contact Andrea Florez at [chico\\_lt\\_ym@yahoo.com](mailto:chico_lt_ym@yahoo.com).***

Yours In Christ,

Kevin Staszko  
Director of Youth & Young Adult Ministry



## Greetings!

Enclosed are the registration materials and information you need for our 56th Annual Diocesan Convention / Youth & Young Adult Conference. This year's theme is "HEROES: Many Gifts, One Spirit. / HEROES: Muchos Dones, Un Solo Espiritu"

The goal of our day together will be to challenge each person in attendance to look closely at their lives and the gifts that they have been given and to remind them that these "abilities" have been given for an important purpose -- to build Christ's Kingdom. Furthermore, that each person and each gift is extremely important as we together make up the body of Christ.

We will use the lives of the saints as examples of the different charisms. Workshops will focus on how to discern and use our gifts and what we can learn from the lives of the saints about how to live as disciples today.

We are pleased to announce that APEX Ministries will be joining us to provide a keynote address, workshops and entertainment during the day. The day will include a keynote, workshops, mass, and an evening concert featuring several bands from all areas of the diocese! Bishop Soto will be joining us for the afternoon and evening.

***If you would like overnight accommodations for Friday and/or Saturday night, please contact Kira Creighton ASAP at 530-949-9244 or via email at [pray.for.catholic.youth.ministry@hotmail.com](mailto:pray.for.catholic.youth.ministry@hotmail.com).***

***If you are interested in bus transportation for your group, please contact Andrea Florez at [chico\\_it\\_ym@yahoo.com](mailto:chico_it_ym@yahoo.com).***

## Details at a Glance

What: Diocese of Sacramento Youth Rally / Convention

When: Saturday, March 28, 2009, 8:30am – 8:30pm

Where: Bishop Francis Quinn Catholic Center  
21893 Old 44 Drive, Palo Cedro, CA 96073 (Near Redding, CA)

Who: High School Youth (grades 9-12) & Young Adults  
One chaperone (screened & trained adult over 25 years old) must be provided for every 8 participants.

Cost: Fee Schedule Per Person (includes T-Shirt & 2 Meals)

Deadlines: \$20 if received by **February 15, 2009**  
\$25 if received between February 15 & March 15  
\$30 if received after March 15  
**No registrations accepted after March 23rd,**  
**There will be no on-site registrations.**  
**All materials must be received in the office by the date indicated.**



# DIOCESE OF SACRAMENTO

## Youth & Young Adult Ministry Office

2110 Broadway • Sacramento, CA 95818 • (916) 733-0152 • [kstaszkw@diocese-sacramento.org](mailto:kstaszkw@diocese-sacramento.org)

### Registration

Please use the attached registration form, which may be duplicated as needed. Please note that 1 adult chaperone is REQUIRED for every 8 participants (participants are 9-12<sup>th</sup> grade youth & young adults under 25). Chaperones must be over age 25 and must be fingerprinted (or properly screened) and complete the online training. Please print legibly in ink or type all information requested. **The pre-registration deadline is February 15, 2009. Registration must include payment. ONE CHECK PER PARISH PLEASE.**

### Tentative Schedule

8:30am	Registration
9:30am	Opening Assembly / Prayer
10:15am	Keynote Address
11:00am	Break / Move to Workshops
11:15am	Workshop Session #1
12:30pm	Lunch / Concert / Organized Sports Activities / Inflatable Interactive Games / Karaoke
2:00pm	Workshop Session #2
3:15pm	Break / Move to Mass
3:30pm	Mass
5:00-8:30pm	Dinner / Concert / "Battle of the Bands" / Closing Prayer

### Code of Behavior

To be sure everyone is clear about what is considered appropriate behavior, please make copies of the Code of Behavior and distribute it to the participants prior to the Conference. Be sure parents understand the Code of Behavior also, as their signature is required. The adult coordinator and adult chaperones are responsible for the behavior of their group throughout the Conference.

### Dress Code

Our dress code is simple—neat, casual clothing. All clothing worn must be in good taste, clean, and not tattered. Clothing advertising products, behavior, and values contrary to the Catholic Church are unacceptable. Also unacceptable are: strapless, tube, or spaghetti-strap tops, short-shorts, and extremely over-sized clothing. Jeans, shorts, and tennis shoes are fine. The adult coordinator and adult chaperones are responsible for communicating the dress code to youth participants and ensuring that all are attired appropriately. It is not necessary to bring dress-up clothing.

### Diocesan Consent-to-Treat Form

When you bring a group to the Convention, please be sure you have the approved diocesan consent-to-treat form for each participant and each adult. **The adult coordinator is responsible for keeping these forms in his/her possession (or in the possession of the appropriate drivers) throughout the Conference. Do not** send these forms in with your registration form(s). Forms are included below.

### Financial Difficulty

No one is to be turned away from the Conference because of financial limitations. If you become aware of a teen who would like to attend but cannot afford to do so, please check to see if there is money available from the parish or school. If it is impossible for the parish or school to cover the cost, please contact the Diocesan Youth and Young Adult Ministry Office. Partial and/or full scholarships to the Conference are available.

### Medical Personnel

We will have a First Aid/CPR-certified person on site throughout the event.

### Food

Lunch & Dinner will be included. A snack bar will be available throughout the day.

### Special Needs

If you have a participant with special needs, please note it on the registration form. Interpreters for the hearing-impaired and deaf community are available with advance notice.

**Diocese of Sacramento  
 HEROES: Many Gifts, One Spirit  
 56<sup>th</sup> Annual Youth Convention  
 Bishop Francis Quinn Catholic Center  
 March 28, 2009**

**Payment Form**

**PLEASE RETURN THIS FORM**

Send ONE check payable to Catholic Youth Ministry along with the registration form to:  
 Office of Youth Ministry, 2110 Broadway, Sacramento, CA 95818.

There are **no refunds**. Because of space limitations, **there will be no on-site registrations**. Please copy this form as needed. Retain copies of completed forms for your files. The pre-registration deadline is February 15, 2009. Registrations will be accepted through March 23rd. To be considered on-time all forms must be received in the office by the deadline date. Registrations will be accepted only through March 23rd!

To ensure on-time registration, **hand delivery to the Pastoral Center** is strongly suggested!

Please staple this form to the front of your registration form. Attach your check to the bottom portion of this form. Thank you.

Name of Parish/School/Movement/Group \_\_\_\_\_

Number of Youth Participants (9-12<sup>th</sup> Grade) \_\_\_\_\_

Number of Young Adults (age 18-24) \_\_\_\_\_

Number of Adult Chaperones  
 (over 25 years old, screened & trained) \_\_\_\_\_

**TOTAL NUMBER OF PARTICIPANTS** \_\_\_\_\_

BEFORE FEBRUARY 15<sup>th</sup>  
 TOTAL NUMBER OF PARTICIPANTS \_\_\_\_\_ x \$20 = \_\_\_\_\_

FEBRUARY 15<sup>th</sup> – MARCH 15<sup>th</sup>  
 TOTAL NUMBER OF PARTICIPANTS \_\_\_\_\_ x \$25 = \_\_\_\_\_

AFTER MARCH 15<sup>th</sup>  
 TOTAL NUMBER OF PARTICIPANTS \_\_\_\_\_ x \$30 = \_\_\_\_\_

**AMOUNT ENCLOSED WITH REGISTRATION FORM** = \_\_\_\_\_

**Diocese of Sacramento  
 HEROES: Many Gifts, One Spirit  
 56<sup>th</sup> Annual Youth Convention  
 March 28, 2009**

**PLEASE RETURN THIS FORM**

**Registration Form: Early Registration: February 15, 2009. No registration after March 23, 2009.**

Name of Parish of Catholic High School/Youth Ministry/Movement/or Group
City
Name of Youth Ministry Coordinator or Catholic High School Campus Minister
Phone Number (day) include area code
Phone Number (evening) include area code
Name of Adult Responsible for Group During the Convention (if different from above)
Phone Number (day and evening)

**Adult Chaperones:** Diocesan policy requires 1 adult for every 8 participants for the entire Conference. Chaperones must be 25 years of age or older.

**Young Adults:** If young adults (out of high school & 18-24 years of age) accompany your group, list them after the youth participants, and put "YA" in the Class of column.

**Special Needs:** Please note in this box any special needs; such as Health, Hearing Impaired, Mobility, Vegetarian, etc.

**All young adults and adults must be fingerprinted and approved by the Diocese prior to Conference.**

PLEASE PRINT LEGIBLY IN INK OR TYPE (copy this form as needed)

	YOUTH PARTICIPANTS	CLASS OF	SPECIAL NEEDS
	<b>High School Participants</b>	<b>(09, 10, 11, 12)</b>	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	<b>ADULT CHAPERONES</b>	<b>CHAPERONE</b>	<b>SPECIAL NEEDS</b>
	<b>(Chaperones must be 25 years of age or older)</b>		
1			
2			
3			
4			
5			



**EMERGENCY HEALTH / MEDICAL INFORMATION AND CONSENT**

In the event of an emergency, I, the undersigned parent/guardian of the child named on this form, hereby give permission to the Diocese of Sacramento, parishes and schools within the Diocese, and their employees, agents, representatives, and adult volunteers, to arrange for and authorize emergency medical, dental, or surgical treatment for my child, as considered necessary by the attending physician. I wish to be advised prior to any further treatment by the hospital or doctor.

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Health Plan Carrier: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

In the event of an emergency, if you are unable to reach me at the numbers listed above, please contact:  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Alternate Contact Number: \_\_\_\_\_

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

**MEDICATIONS AND NON-EMERGENCY HEALTH TREATMENT**

My child is currently taking the following medication(s), which he/she will bring on this activity, in well-labeled, original containers that include clear directions for dosage and frequency of use. I hereby give permission for an adult leader to administer the following medication(s):

\_\_\_\_\_  
\_\_\_\_\_

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

**SPECIFIC MEDICAL INFORMATION/CONDITIONS**

Please list any special medical issues or other conditions that the Diocese should be aware of in connection with your child's participation in this activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT AGREEMENT / CONSENT**

I/we, the undersigned parent or guardian of the child named on this form give permission for my/our child's participation in the activity referred to on this form, and in addition to the Health/Medical Information Consent provisions that we have agreed to above:

- Direct Child to Cooperate: I/we agree to direct my/our child to cooperate and comply with all reasonable directions and instructions from parish/school/diocesan staff or adult volunteer leaders.
- Consent for Transportation (if applicable): I/we give permission for my/our child to be transported to and/or from the specified programs, events, and activities in vehicles driven by adult leaders selected by the parish/school/diocesan coordinator, in accordance with diocesan guidelines.
- Responsibility for Medical Expenses: 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 activity, whether or not caused by the negligence of the parish, school, or diocesan employees, agents, volunteers or other participants.
- Acknowledgment of Risks: I/we understand that in the course of participating in this activity, my/our child may engage in activity that carries a risk of injury to the body, psyche, or property of themselves and others. Such injuries can be caused by other persons, may be accidental or self-inflicted, or may arise from faulty equipment or facilities, existing conditions of recreational facilities, vehicle accidents while in transport during an activity, or through the activity itself.

Accordingly, in consideration for being permitted to participate in the specified activities, to use the equipment provided, and to enter the premises and facilities of the Diocese of Sacramento, for any purpose including observation of and participation in activities, the undersigned parent or guardian, for him or herself and any successors in interest, and on behalf of the minor child, agrees as follows:

1. To release, waive, discharge, and promise not to sue the Roman Catholic Bishop of Sacramento, a corporation sole, and its affiliated entities, employees, agents, and volunteers (the "Diocese") from all liability for any loss or damage, and any claim or demands therefore on account of injury to the body, injury to psyche, or injury to property of the minor child, or to undersigned parent or guardian, whether caused by negligence or other conduct by the Diocese while the minor child, parent, or guardian is participating in the specified activities or in, upon, or about the premises of the Diocese or any of its facilities or equipment. \
2. To indemnify and hold harmless the Diocese from any loss, liability, damage, or cost it may incur due to the acts of the minor child, parent, or guardian in, upon, or about the premises of the Diocese, its facilities or equipment, or while participating in any parish, school, or diocesan activities whether caused by negligence or otherwise.
3. That he or she has read this Consent Form and agreement and voluntarily signs it, and that no oral representations, statements, or inducements apart from the contents of this Form have been made.

I/we have read this Agreement and understand and agree to everything set forth above.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



**SPECIFIC MEDICAL INFORMATION:** The Diocese of Sacramento will take reasonable care to see that this information will be held in confidence.

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

.....  
Immunizations: Date of last tetanus / diphtheria immunization

.....  
Do you have a medically prescribed diet?

.....  
Any physical limitations?

.....  
Have you recently been exposed to contagious disease or condition, such as mumps, measles, chicken pox, etc? If so, date and disease or condition.

.....  
Line 1: You should also be aware of these special medical conditions.

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**LIABILITY WAIVER**

For value received, I agree on behalf of myself, my heirs, successors, and assigns, to forever release, discharge, defend and hold harmless the DIOCESE OF SACRAMENTO, parishes of the Diocese, the Office of Youth Ministry, their staff, officers, directors, employees, agents, volunteers, sponsors, promoters, and affiliates, from any and all liability, claim, loss, damage, cost or expense that may be made or brought on my behalf against the DIOCESE OF SACRAMENTO, parishes of the Diocese, the Office of Youth Ministry, their staff, officers, directors, employees, agents, volunteers, sponsors, promoters, and affiliates. I forever waive any such claims against any such person or organization arising directly or indirectly from, or attributable in any legal way, to any action or omission to act of any such person or organization named above.

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I fully understand the consequence of the foregoing statements and sign this **CONSENT FORM / LIABILITY WAIVER** knowingly, freely, and willingly. **(Your signature must appear below or you will not be permitted to serve as a chaperon/ adult participant in the Youth Ministry.)**

(2) Signature \_\_\_\_\_ Date \_\_\_\_\_

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Being in the possession of alcoholic beverages, drugs or weapons is cause for automatic dismissal from any Youth Ministry program, event, or activity. I agree to uphold and exemplify positive Catholic values and morality at all Youth Ministry programs, events, and activities.

**(Your signature must appear below or you will not be permitted to serve as a chaperon/adult participant in the Youth Ministry.)**

(3) Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Directions to Bishop Francis Quinn Catholic Center 21893 Old 44 Drive, Palo Cedro, CA 96073**

*Please make a copy for each of your drivers in case you get separated while traveling to and from the Conference. It is also a good idea to have copies of maps for your drivers.*

### **Directions from the South:**

- Take Interstate 5 North to Redding
- Exit CA Highway 44 East/ Lassen Peak Hwy via exit 678 toward Lassen Park. You will exit and then stay in the middle (the far left lane goes to downtown Redding, the far right lane will take you to Hilltop)
- Travel East on Hwy 44 for approximately 7 miles and exit on Deschutes.
- Turn left onto Deschutes and travel approximately ½ mile. At the second stop sign turn left onto Old 44 Drive.
- Enter the first large driveway on your left, after the Chrysalis sign, in front of the Bishop Quinn High School sign.
- The office is the building on the most left.

### **Directions from the North:**

- Take Interstate 5 South to Redding
- Exit CA Hwy 44, exit # 678A toward Hilltop Drive/Lassen Park
- Go east on Hwy 44 for approximately 7 miles and exit on Deschutes.
- Turn left onto Deschutes and travel approximately ½ mile. At the second stop sign turn left onto Old 44 Drive.
- Enter the first large driveway on your left, after the Chrysalis sign, in front of the Bishop Quinn High School sign.
- The office is the building on the most left.

### **Directions from the East:**

- Take CA Hwy 44 West towards Redding
- Exit Deschutes Road to the right and turn right onto Deschutes.
- Travel approximately ½ mile and turn left at the second stop sign onto Old 44 Drive.
- Enter the first large driveway on you left, after the Chrysalis sign, and in front of the Bishop Quinn High school sign.
- The office is the building on the most left.