



2013 Worlds Of Fun & Heartfest Event!



Full Day At Worlds of Fun / Oceans of Fun PLUS - A summertime music festival featuring some of today's biggest contemporary Christian names on Saturday, June 8, 2012. Featuring Casting Crowns, Newsboys, Building 429 and KJ-52.

HeartFest returns as one of the biggest Christian concerts of the year in Kansas City.

In between the jamming music, nationally known Musician and Speaker Matthew West!

St. Patrick's Life Teen Is A Free Youth Ministry Program That ANY High School Youth Can Attend - It Does Not Require A "Registration" or "Membership" To Participate In Life Nights Or Special Events!

REGISTRATION PACKET

DEADLINE May 10th By NOON For \$50 Park/Concert/Bus/Meal Price

Registrations Received After May 10th Will Be At Cost Of \$65
Per Person

St. Patrick's Youth Ministry/Life Teen Worlds of Fun Heartfest Day Trip

Thank you for considering our day trip to Worlds Of Fun & The Heartfest Christian Concert Event. It will be an awesome experience for the youth of our parish community. Below are the general details:

Name of Event and Cost: St. Patrick's Life Teen Worlds of Fun Heartfest Day Trip – Cost is \$50 per person and includes ride pass for the day, concert, BBQ meal (lunch) and bus trip. (\$65 after May 10th)

If cost may restrict a youth from attending or if you have general questions please contact Pamela Griffin at president.cli@gpcom.net or 402-719-1227

Purpose of Event: This day trip is an opportunity for fun and fellowship topped off by a concert including popular Christian artists – Casting Crowns, Newsboys, Building 429, Matthew West, KJ-52

Location: Worlds of Fun – Kansas City, MO

Date and Time of event:

Starting at 5:30 a.m. Saturday June 8th at the Community Center parking area. Return is a projection only as the concert end time varies; as does the time to leave the park. Anticipated return is between 2 a.m. and 3 a.m. Sunday June 9th.

Transportation: Bus Transport - School Bus through Arrow Stage Lines - with air conditioning

Please submit payment with the registration. Registrations can be brought to the Parish Office at 422 East 4th Street (4th & C) in Fremont. There is an after hours drop box if you are unable to make it during the business day. Check's can be written out to St. Patrick's Catholic Church. Please put RF / Life Teen with the name of the teen specified on the check.

When dropping registrations off at the office, please notify us by phone / text (402-719-1227) or email president.cli@gpcom.net. **Registrations must be in by noon on Friday May 10th for this pricing. Registrations received after this date will have an additional \$15 fee to cover increased prices.**

St. Patrick's Life Teen Worlds of Fun Heart Fest Day Trip 2013
Youth Code of Behavior

We are happy and excited that you are joining us as part of **St. Patrick's Life Teen Program**. The *Code of Behavior* has been developed as a way of helping participants understand what is expected of them during the event, and of making the learning experience a healthy and growing one for all involved. Please read through the *Code* carefully, as you will be expected to honor and uphold it throughout your time with us.

- As necessary as rules are to maintain order, they can't and won't guarantee a successful event experience. Success depends on people's willingness to work together for the common good.
- Participants take part in **St. Patrick's Life Teen Program** as part of a parish or school team. The recommending adult leader of each team maintains primary responsibility for the actions of his/her team members. The families of participants assume responsibility for any damage done to the housing facilities.
- While participating in the **St. Patrick's Life Teen Program** we ask that you do not invite friends who are not registered for this event to come and visit you.
- Participants are expected to attend all sessions and community activities. Name badges should be worn during all program activities.
- Dress throughout the **St. Patrick's Life Teen Program** experience is casual but appropriate for a Christian environment. T-shirts/sweatshirts with alcohol, tobacco or sexual overtones are not acceptable, nor is clothing exposing any part of under garments or clothing that causes distraction from the intent of the program. Sleepwear is only permitted in the sleep areas.
- Socializing should take place only in the designated public area of the housing facility. No visiting is allowed in sleeping areas occupied by the opposite sex without the permission and presence of an adult leader.
- Christian behavior is expected at all times. Respect for individuals, the community and the facilities is required. Teasing, harassment (this includes bullying), sexual jokes, inappropriate displays of affection, etc. are considered inappropriate for this Christian environment.
- Each day will be a busy one-making adequate sleep a necessity. Participants must be in their respective rooms by curfew time. The noise level in the sleeping areas should be kept to a minimum. Scheduled quiet and silent times must be honored.
- **St. Patrick's** adheres to the State Statutes in regards to tobacco products, therefore tobacco products are not allowed by anyone under the age of 18.
- The purchase, possession or consumption of alcohol or drugs by participants will result in immediate dismissal from the program. Major infractions of the Code of Behavior and other inappropriate behavior will meet with the same consequences.

Parent or Guardian: I agree that my child shall abide by the rules and regulations outlined in the **St. Patrick's Life Teen Program Code of Behavior**, I have reviewed it and discussed the Code with my child prior to signing this form. I agree that if my child fails to consistently abide by the Code or engages in a serious infraction of the Code, he or she may be immediately dismissed from the **St. Patrick's Life Teen Program** and sent home at my expense.

Signature _____ Date _____

Youth Participant: I understand and agree to the **St. Patrick's Life Teen Program Code of Behavior**, I also understand that my parent(s) or guardian will be notified at the time of any infractions requiring my dismissal from the program and that I will be sent home at my own or their expense. (Your signature must appear below in order to participate in the **St. Patrick's Life Teen Program**

Signature: _____ Date: _____

St. Patrick's Life Teen World's of Fun Heart Fest Event 2013
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name _____ Birth Date: _____ Sex _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Participant Cell Phone: _____ (Text? Y N)

Parent Cell phone: _____ Email: _____

I, _____, grant permission for my youth, _____,

Parent or guardian's name _____ Youth's name _____
to participate in this Archdiocesan youth ministry event that is located away from the parish/school site. This activity will take place under the guidance and direction of Archdiocesan parish/campus youth ministers and/or volunteers from parishes/schools.

A brief description of the event follows:

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I agree on behalf of myself, my child named herein, or heirs, successors, and assigns, to hold harmless and defend **St. Patrick's Catholic Church / Life Teen Program**, its officers, directors and agents, and the Archdiocese of Omaha, chaperons, or representatives associated with the event arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith and I agree to compensate the parish/school, its officers, directors and agents, an the Archdiocese of Omaha, chaperons, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Photo Release: Pictures / Videos of my child taken during the event may be used in print or electronic media for the purposes of publicity for future events, unless I indicate to the Archdiocesan Coordinator of Youth Ministry in writing to the contrary.

Parent or Guardian

Signature: _____ Date: _____

MEDICAL MATTERS

Participant Name _____

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. **(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 give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____

Phone: _____ Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Archdiocese of Omaha, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Signature: _____ Date: _____

Medications: My child is taking medication at present. MY child will bring all such medications necessary, and such medications will be well-labeled and provided to a designated adult leader. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

Sign 'a' or 'b', not both

a) 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: _____

b) I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish/school/Archdiocese 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 the child have a medically prescribed diet? _____

Any physical limitations? _____

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

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

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