

2018

Diocese of Lansing

Middle School Rally

Set Apart

“BUT YOU ARE A CHOSEN PEOPLE, A ROYAL PRIESTHOOD, A HOLY NATION, GOD’S SPECIAL POSSESSION, THAT YOU MAY DECLARE THE PRAISES OF HIM WHO CALLED YOU OUT OF DARKNESS INTO HIS WONDERFUL LIGHT.”

1 PETER 2:9



A day of faith, friendship, fun and encounter for all 6th – 8th grade students, featuring music and inspiration from...

Saturday, March 10, 2018
Lumen Christi High School
Jackson, MI

- 9:30 – Arrival/Registration
- 10:00 - welcome + intros
- 10:30 - Amanda Vernon
- 11:00 – Community Builders
- 11:15 - Paul J Kim
- 12:00 - Lunch + free time
- 1:30 - Community Builders
- 1:45 - Paul J Kim
- 2:15 - Adoration
- 2:25 - Amanda Vernon
- 2:40 – Prayer Response Time
- 3:30 - Break
- 3:50 – Mass Preparation
- 4:00 – Mass (Vigil for Sunday)
- 5:00 – Departure



Paul J. Kim



Amanda Vernon



And including Mass with Bishop Earl Boyea, Confession, Eucharistic adoration, interactive games and prayer stations....



MEMO

TO: CYMs, DREs and Middle School/Jr. High Principals
FROM: Clare Kolenda, Middle School Youth Rally Coordinator
Brian Flynn, Office of Youth Ministry

DATE: January, 2018

RE: "Middle School Youth Rally" 2018

Enclosed with this mailing are registration brochures, posters, group registration form, instructions for adult leaders and drivers, maps, and permission forms for the Diocesan Middle School Youth Rally on Saturday, March 10th at Lumen Christi High School, Jackson, Michigan. Event is 10-5 PM. Doors open at 9:30 A.M. All youth in the 6th, 7th, and 8th grades are invited to attend, but they must be registered as part of a parish/school group or chaperoned by their parents, who must also be VIRTUS compliant.

Please read the enclosed step-by-step instruction sheet very carefully so you can follow the proper procedures in registering and preparing your youth and adult leaders for participation. Because the responsibility for middle school religious education and activities often overlap, we are sending this information to all DREs, CYMs, and principals of middle schools. Please coordinate publicity, registration, and supervision with the other administrators from your parish. If you have any questions, please contact Brian Flynn at 517-342-2584.

The registration fee for the rally is \$30.00 with a deadline of February 23, 2018. Registration after that date is \$40.00, with final registration no later than Wednesday, March 7, 2018. T-shirts will be available for \$10 prior to late registration. A limited number of shirts will also be available at the event.

We are only sending one group registration form, permission form, and medical release form. Please duplicate them according to your needs. Please have one adult come to the registration table to check your group in. **Each youth will need a permission form signed by his/her parents, and a medical release form. Group leaders will bring the forms to the registration table upon arrival for check-in, give the permission forms to the on-site registrant, then keep the rest of the forms with you at all times during the event.**

Thank you for your interest in bringing our young church to this event. For further information or questions you may call Brian Flynn at 517-342-2584.

NOTE: WE REQUEST THAT PARISHES AND SCHOOLS DO NOT USE THE RALLY AS A SUBSTITUTE FOR A CONFIRMATION RETREAT.

Steps to Prepare for Middle School Youth Rally March 10, 2018

1. Announce the event to your middle school youth. Invite them to participate. Invitations can be made through Religious Education classes, youth meetings, personal phone calls, bulletins, newsletters, etc. Announcements at Masses will be helpful also.
2. Collect the individual registration forms in your parish or school. Please coordinate the registrations between the parish school, religious education, and youth ministry programs. Place the names and grades on the "Group Registration Form" included with this packet. Please include your adult chaperones in your count; they must also be paid for. A single check for the total number of registrations (including adults) should be made out to the Diocese of Lansing. Send the **Group Registration Form ONLY** along with the check, with the note "Middle School Rally", for your total amount to:

**Middle School Rally - Diocese of Lansing
Registrar
228 N. Walnut Street
Lansing, MI 48933**

NOTE: The early registration deadline at \$30.00 per person is due February 23, 2018. After that date, the cost of registration will be \$40.00 per person. Cut off registration date is March 7, 2018. **There will be no refunds**; replacements will be accepted.

3. Remember to recruit chaperones for your youth. Chaperones should be adults who are at least 21 years old. You should have one chaperone for every eight youth. Chaperones must be VIRTUS compliant. Chaperones should come prepared to be actively involved in all of the activities of the Rally with their youth. This is an excellent opportunity for your adult leaders and youth to get to know each other better.
4. Make sure each youth has a permission slip signed by his/her parent or guardian stating that he/she can participate in the Youth Rally. Group leaders will bring these forms to the registration table for check-in, then keep the forms with them throughout the day. All adults who are drivers should have copies of the permission slips for those youth riding to and from the Rally with them. A sample permission form, which can be copied, is enclosed.
5. All drivers must be over 21 years of age, and must fill out a "Driver Information Form" which you should keep in your records.
6. Meet with your youth beforehand to go over the code of behavior printed on the "Youth Rally Instruction" sheet included with this packet. You and your chaperons are responsible for the youth from your parish/school. Please review the guidelines with those attending.
7. It is recommended that each parish should subsidize the cost of the registration fee for their youth. You may wish to do special fund raising activities or ask for support from a group such as Knights of Columbus or Council of Catholic Women in your parish.
9. **T-SHIRT PRE-SALE:** We will be taking pre-sale orders on t-shirts by the early registration date. Please indicate on the group registration form the quantity per size and total number of t-shirts X \$10.00 for your group. Pre-sale t-shirt orders will **only** be accepted by the early registration date of February 23, 2018. After that date, a **limited** number of t-shirts will be sold on a first-come, first-serve basis at Rally. The participant T-shirt will have a similar design to the poster.

YOUTH RALLY INSTRUCTIONS

Adult Leaders and Drivers

1. You are responsible for the safety of the youth who ride with you. Please drive safely and defensively. Have youth use seat belts. The designated supervisor should inform you about your route and plans for traveling together.
2. **Only one person from your parish/school needs to go to the registration table in the lobby to pick up your registration materials.** Each member of your group, both youth and adults, will receive a wristband. The wristband must be worn for the entire day.
3. We are counting on your help for enforcing the following code of behavior for all participants:
 1. Let all your actions and words contribute to the enjoyment of the Rally for everyone. Be your best self, representing your parish or school and yourself to the best of your ability.
 2. Participants must attend all of the activities during the day.
 3. Wrist bands must be worn at all times.
If you wish you may provide your own name tags.
 4. No participants will be permitted to leave the grounds of Lumen Christi High School during the rally.
 5. No foul language.
 6. Smoking is not permitted for any participants, youth, or adults during the Rally.
 7. No alcohol or other drug is to be brought or consumed during the Rally.
 8. No throwing objects or other disruptions during the sessions.
 9. Participants are not allowed to leave the premises for any reason.
 10. No cell phones or pagers are allowed.
 11. If any participant does not observe these guidelines, his/her parents will be called to make arrangements for the person to leave the Rally early.

If you notice a violation of these guidelines please inform any one of the committee members or their parish coordinator of youth ministry.

4. Please help your youth stay on the announced schedule and arrive on time for all activities. Your enthusiastic participation in all of the activities will be a model for your youth.
5. A First Aid station and Lost and Found will be set up and available during the day. Location will be announced at the beginning of the Rally.
6. Rally committee members will have a special T-shirt on. They are here to help make this day a good experience for everyone.

GROUP REGISTRATION FORM FOR MIDDLE SCHOOL RALLY 2016

Greetings in Christ!

We have decided to register groups for Rally by number per parish and not by individual name. The reasons are as follows:

- ✓ If a CYM has someone drop out they can replace them without notifying us. They save money for the parish, time for the CYM and our office, and relieves the stress of trying to handle so many changes the week of the event.
- ✓ No need to fax names in.
- ✓ Payments need to be included with all registrations including additions.

Please use **only this form** to register all the youth and adults from your parish who will be attending Rally 2018. Remember, you must have one adult for every ten youth who attend. Return this form together with your payment to: Registrar, Diocese of Lansing, 228 N. Walnut Street, Lansing, MI 48933.

Parish Name & City: _____

Parish Contact: _____

Email Address: _____

Total number of youth _____ X \$30.00 (early deadline of 2/23/18), \$40.00 after early deadline.

Total number of adults _____ X \$30.00 (early deadline of 2/23/18), \$40.00 after early deadline.

T-Shirt Pre-Order with Payment of \$10.00 (early deadline of 2/23/18) per T-shirt X total T-shirts =

Total due with this registration form includes adult, youth, and T-shirt payable to Diocese of Lansing. (Ex: 20 youth, 4 adults @ \$30.00, 24 T-Shirts @ \$10.00 = \$960.00)

Small _____ Medium _____ Large _____ XL _____ XXL _____

Special Needs (name of person and special need; i.e., food allergy or physical challenge):

- *
- *
- *

**HEALTH HISTORY AND MEDICAL RELEASE FORM
FOR PARISH PROGRAMS AND ACTIVITIES**

Participant's Name _____ Sex _____ Birth Date _____ Age _____
Parent/Guardian _____ Relationship to participant _____
Street Address _____ City _____ State _____ Zip Code _____
Home Telephone () _____ Work Telephone () _____

HEALTH HISTORY

Family Doctor _____ Telephone Number () _____

IMMUNIZATIONS (Record YEAR of last immunization or last time person had disease):

Tetanus/Diphtheria _____ Measles _____ Mumps _____
Chicken Pox _____ Rubella _____ Polio _____
TB _____(results) _____ Hepatitis B _____ Other _____

SPECIAL INFORMATION: (Please check all that apply. Information will be held in strict confidence.)

Sleep Walking _____ Fainting _____ Dizziness _____
Blackouts _____ Asthma _____ Kidney Problems _____
Frequent Nosebleeds _____ Frequent Colds _____ Seizures _____
Severe Headaches _____ Diabetes _____ Severe Homesickness _____
Frequent Earaches _____

ALLERGIC REACTIONS (Please list all known allergies - plant, insect, food, medicine AND TYPE OF REACTION):

Please indicate any other medical problems/situations pertinent to your child:

Any physical limitations? _____ If yes, explain _____

Any emotional/psychological limitations or reactions to be aware of? _____ If yes, explain:

Is the student presently taking any medication? _____ All medication is to be well labeled with clear, concise directions indicated here (frequently, dosage, etc.):

In an **EMERGENCY**, and if unable to reach parent/guardian, we should contact:

1. Name _____ Telephone Number () _____

2. Name _____ Telephone Number () _____

PLEASE FILL OUT BOTH SIDES

Note to parent/guardian: Please read the following sections carefully. We apologize for the complexity but we must be sure we have your full consent in these areas as well as, having this document notarized.

PERMISSION FOR ROUTINE MEDICAL TREATMENT

All attempts **will** be made to notify you if your child requires medical treatment (i.e., cases of high, persistent fever; severe vomiting, etc.). Please indicate whether or not you wish attempts to be made to contact you if your child becomes ill with minor symptoms (i.e., headache, sore throat, low-grade fever, etc.). **YES** _____ **NO** _____

NOTE: If you do wish to be contacted and it is not a local call, the charges shall be reversed to you.

We do not wish to give any medical treatment to your son/daughter against your wishes or family practice. Please read each of the following statements carefully and **sign only either A or B** which is in accord with your wishes:

A) I grant permission for non-prescription medication (i.e., Tylenol, cough syrup, etc.) except for the following _____ to my student if deemed advisable by the designated supervisor, and I grant permission for routine non-surgical medical care to be given to my student, if deemed advisable by the designated supervisor(s).

* SIGNATURE _____ DATE _____

or

B) I do not want **ANY** type of medication administered to my child unless the situation is life-threatening and emergency treatment is required.

* SIGNATURE _____ DATE _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, I hereby give permission to transport my child to the nearest hospital/emergency center for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.

*SIGNATURE _____ DATE _____

FAMILY INSURANCE PROVIDER/HEALTH PLAN _____

HEALTH PLAN NUMBER (Include expiration date): _____

