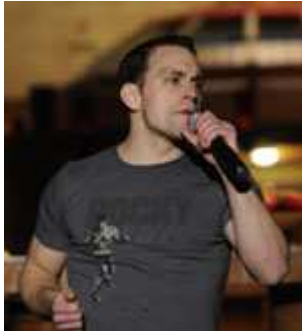


# THE Jr. High Spectacular 2010



## Rise up! Be the Difference

Featuring: Justin Fatica

October 24, 2010

\$35.00 Entrance fee



Our annual Jr. High Spectacular will be held October 24, 2010 in Little Rock at the Diocese of Little Rock or Catholic High School for Boys in Little Rock (depending on the number of registrants we receive). Jr. High Spectacular primarily focuses on 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> graders. **The day is designed to motivate this age group to stand up to bullying.**

This year's keynote presenter is Justin Fatica. You can see more information on their website at [www.justinfatica.net](http://www.justinfatica.net)

Justin Fatica is a Catholic lay evangelist who speaks around the world and will blow you away with his intensity, his heart, and his message of love. Justin will not back down, and he will not walk in shame. He will take on our fast-paced, in-your-face culture, and he will speak the truth.

Our world's young adults and families are struggling, and so many people are hurting themselves and each other. **This needs to end!** We need to truly love, respect, and care for one another. No matter how big or small, nice or mean, and caring or nasty, we should all, every single one of us, be important to each other.

Justin speaks from his heart in both secular and religious contexts. In addition to giving business presentations, Justin has spoken at public and private high schools and colleges, music festivals, fundraisers, benefits, and many other venues. His messages are for everyone - young people and those who care about our youth. His message of the gospel is presented in a way that this generation can easily understand. He desires for people to know Jesus Christ personally. He says: "The message of Jesus Christ is about love, and that is the bottom line." Justin emphasizes the power of respect, personal awareness, and love. Justin's goal is to help our world's young people, regardless of whether they are atheist, Catholic, Hindu, Muslim, or any other religion or belief. Justin's heart is huge, and he shares it with people from many diverse backgrounds.

Justin has admiration for all people around the world, and he hopes that we can fight the polarization that plagues our country. He believes that, regardless of race, culture, or creed, we should all be treated with the utmost respect and care. He dreams that one day, in the future, all children will attend schools where they are loved and believed in no matter what!

*Justin has a Masters degree in education and a Bachelor degree in elementary education and philosophy. He has already touched the hearts of more than 150,000 people at his events, and he has spent 10 years ministering to young people as a teacher, high school campus minister, and the co-founder/director of the Nationally Acclaimed "Hard As Nails Ministries." Justin is the subject of the HBO documentary "Hard As Nails" and he has written a book, by the same title, which is being published by Doubleday.*

**Entrance Fee includes lunch & T-shirt**

# Hope, Rise, Alive!

## “Rise up! Be the Difference”

11:00 a.m.	Registration opens <b><u>Eat a hearty breakfast before you arrive!</u></b>
11:30p.m.	Praise & Worship, Icebreaker and Opening Prayer
11:45a.m – 12:45	Justin Fatica
12:45p.m. - 2:15p.m.	<b>Lunch Break</b>
2:15p.m. – 2:40p.m.	Praise and Worship – Team Jesus
2:45p.m. – 3:45p.m.	Justin Fatica
4:00p.m. -	Mass

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parish:** \_\_\_\_\_

**Shirt size: (Adult Sizes)**      **S**      **M**      **L**      **XL**      **XXL**      **XXXL**

**Any Special Needs:** \_\_\_\_\_

\_\_\_\_\_

**Registration Deadline: October 1, 2010**

MASTER FORM  
**2010 Junior High Spectacular**  
*Please TYPE or PRINT all necessary information*

PARISH \_\_\_\_\_ CITY \_\_\_\_\_

**NAME & PHONE # OF Adult Advisor in Charge (AAIC)**

ADDRESS, CITY & ZIP OF AAIC

**Email Address:** \_\_\_\_\_ **Cell Phone (\_\_\_\_)** \_\_\_\_\_

**List ADULTS Attending Convention FIRST:** (minimum: one per 8 youth). **Type or print** all the necessary information.

**Please note that the first person in each group MUST be the adult chaperone in charge of that group of young people** (minimum: one adult per 8 youth). **Chaperones must be 25 years old.**

**T-SHIRTS: Adult Sizes: S, M, L, XL, and XXL**

**Type or print** all information

NAME	A/Y	M/F	T-shirt Size
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
16. _____	_____	_____	_____
17. _____	_____	_____	_____
18. _____	_____	_____	_____

Registration Deadline: OCTOBER 1, 2010

19. \_\_\_\_\_

20. \_\_\_\_\_

21. \_\_\_\_\_

22. \_\_\_\_\_

23. \_\_\_\_\_

24. \_\_\_\_\_

25. \_\_\_\_\_

26. \_\_\_\_\_

27. \_\_\_\_\_

28. \_\_\_\_\_

29. \_\_\_\_\_

30. \_\_\_\_\_

31. \_\_\_\_\_

32. \_\_\_\_\_

33. \_\_\_\_\_

34. \_\_\_\_\_

35. \_\_\_\_\_

Registration Deadline: OCTOBER 1, 2010

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**Total number of participants:** \_\_\_\_\_ **X \$35.00** = **Total registration fee:** \_\_\_\_\_

\_\_\_\_\_  
 Pastor (or Asso.)/Pastoral Administrator **SIGNATURE**

\_\_\_\_\_  
 Youth Minister **SIGNATURE**

**MAILING DEADLINE: Oct. 1, 2010**

(If further space is needed, copy these pages.)

**TOTAL T-SHIRTS TO BE ORDERED FOR YOUR GROUP:**

Small T-shirts = \_\_\_\_\_

Medium T-shirts = \_\_\_\_\_

Large T-shirts = \_\_\_\_\_

X-large T-shirts = \_\_\_\_\_

XX-Large T-shirts = \_\_\_\_\_

**GROUP TOTAL** = \_\_\_\_\_ (add all shirt size here and verify that this is the number you have registered.)

**LIST below ANY SPECIAL NEEDS (physical &/or food) - along with person's name.**

## 2010 Catholic Youth Ministry Jr. High Spectacular REGISTRATION PROCEDURE

### PRIOR TO EVENT

1. **The youth minister in charge of the parish delegation is responsible for the registration of participants and should read all enclosed materials.**
2. **Forms to distribute to attendees:**
  - a) Code of Behavior
  - b) Medical/Transportation
  - c) Individual Registration Form
  - d) Chaperone guidelines
3. **Forms to collect from attendees:**
  - a) Medical/Transportation
  - b) Code of Behavior
  - c) Individual Registration for the event
  - d) Chaperone forms
4. **Forms to complete and submit to Diocesan Youth Office by the Parish Youth Minister:**
  - a) Master Form
  - b) Parish check for payment
  - c) Signed Chaperone Guideline form for each chaperone
5. **Submit Master Form, Chaperone Forms and one check for registration fees** (\$35.00 for each youth & adult) to the diocesan Office of Catholic Youth Ministries **submitted no later than October 1st, 2010**. (Forms may be faxed to (501) 664-0119 attention: Trish Gentry) Please understand this event takes a lot of preparation from the information submitted by each Parish; therefore sticking to the deadline is really important.
6. A confirmation letter of forms received by the office will be sent to you via email, fax or snail mail.
7. **After Oct. 1st, a \$5.00** late fee/person is added to the registration fee.

### Jr. High Spectacular General Information

It is the policy of the Diocesan Youth Office that those in the 7th or 8th grades will be permitted to attend the Jr. High Spectacular (6<sup>th</sup> graders, as well, provided they are recognized as part of the Jr. CYM).

**Registration fees** include: T-shirt, drink, late lunch and rally. Mass will be celebrated as part of the rally.

**Medical/Transportation** and **Code of Behavior** Forms (enclosed). The Code of Behavior and Medical /Transportation forms will be turned in to diocesan staff **at event check-in**. (Please have your medical and code of behavior forms filed in **alphabetical** order.) Make sure you pick up your forms at the end of the rally for the ride home.

**Chaperones** – We require that your chaperones be at least 25 years of age and **VIRTUS** trained.

**Registration begins at 11:00 a.m.**

# Jr. High Spectacular Guidelines for the Adult in Charge of Parish Group

The following will help you in planning for a successful experience.

## We require that:

- All adult advisors/chaperones are at least **25 years of age**. This adult should be known by the youth and **VIRTUS** trained.
- Each group has at least one chaperone designated and responsible for ten youth (see master pre-registration form). Parishes with a large number of participants are encouraged to have more adults than these minimum requirements.
- You enforce the Code of Behavior and set an example for youth. Code of Behavior and Medical/Transportation Forms **MUST** be in the possession of the youth minister in charge of the parish group. These forms must be turned in to the Diocesan Youth Ministry office staff at the time of registration.
- All adults are to sign a Chaperone Guideline Form. These are to be sent in to the diocesan office with registration materials.

## SOME HELPFUL HINTS:

- 1) Meet with chaperones, and then with chaperones and youth, to go over diocesan and parish expectations. **Chaperones and youth should know each other.** Explain the purpose of this event. Establish contingency plans for accidents, sickness or misconduct.
- 2) Choose chaperones that have a good rapport with youth, yet can control the group on outings and at general sessions. Choose chaperones that have been active with your youth group.
- 3) If you have both male and female participants, have both male and female adult chaperones.
- 4) Bring snacks with you for the ride to and from the rally
- 5) Review the diocesan rules and your own expectations as you travel to this event...  
Jr. High youth forget easily!

## Jr. High Spectacular - Chaperone Guidelines

As a chaperone, you play an important part in ensuring the positive experience of this event. The following guidelines will help you fulfill your role as a chaperone.

### We ask that chaperones:

- **Be VIRTUS TRAINED**
- Be responsible for the youth in your care
- Enforce the code of behavior and set an example for youth.
- Make sure that youth are where they are supposed to be.
- Do not leave the conference area until the event has concluded.
- Do not go anywhere during this event where youth are not allowed
- Be mindful of trash and spills and help us to leave the facilities clean

### A few notes on chaperoning at the Jr. High Spectacular:

- 1) All events will take place in the gym area of Catholic High School
- 2) One you arrive at the rally, ***one adult should go to the registration table for check-in.*** Here they will turn in the Code of Behavior and Medical Transportation forms and receive their registration packet with name tags and t-shirts for each participant.
- 3) During the rally and breaks, lend your chaperoning skills to the entire group. If a person is causing a distraction, kindly ask them to be quiet.
- 5) At the end of the day, each parish group will **need to pick up your parish's Code of Behavior and Medical Forms for the trip home.**

REMEMBER: While at the Jr. High Spectacular, you are TOTALLY responsible for both the behavior and the needs of the youth entrusted to your care. Please pay close attention to both. Wherever we are, we represent the youth of the Catholic Church of Arkansas.

All chaperones are expected to follow these rules. Should an emergency arise, check in with the adult in charge of your parish group, the diocesan youth director or your parish's head chaperone. With these things in mind, we believe all, adults and youth alike, will indeed have a joyful celebration of youth.

**I understand and accept these chaperone guidelines.**

# ADULT MEDICAL RELEASE FORM

*PLEASE PRINT*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Parish: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Please list **all** medical conditions/allergies/special health information: \_\_\_\_\_  
\_\_\_\_\_

Please list **any** medications (prescriptions or non-prescription) that you would like us to be aware of:  
\_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy in the name of: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

In the event that the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.

I, \_\_\_\_\_, do hereby release, hold harmless and discharge the Diocese of Little Rock, its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my participation in this event. I waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of this event. I authorize treatment by a licensed medial physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

Signature: \_\_\_\_\_

\_\_\_\_\_  
(Chaperone's Signature)

\_\_\_\_\_  
(Parish/City)

## Code of Behavior - Jr. High Spectacular

At all Diocesan sponsored activities, we expect you to represent the Diocese of Little Rock well! We hope that you will display the mature, responsible leadership and character which has for so many years been the trademark of Catholic youth within this diocese.

### **CODE OF BEHAVIOR:**

1. Participants are expected to attend all sessions of this activity. Name badges must be worn (on your chest/over your heart!) at all times.
2. **Dress code:** casual - no inappropriate t-shirts, wraps, halters, short-shorts, or midriff tops. No exposed underwear; ie, sagging jeans, etc. If dressed inappropriately, the individual will be asked to change. No shorts for Mass.
3. Individuals are responsible for their own actions and will be asked to assume the natural consequences for any negative behavior. Each participant will take full responsibility for any damage or theft.
4. Participants may not leave the activity site unless accompanied by their parent/guardian or an adult from their parish.
5. The possession and/or use of alcohol, tobacco products and illegal drugs are prohibited.
6. Christ-like behavior is promoted and expected at all times. Therefore, inappropriate contact, touch, gesture, language or activity of a sexual nature which would offend any person is unacceptable.

Infractions of these rules will result in the diocesan director discussing the infraction with the participant. In the unlikely event that a behavior problem based on the above requires extreme action, it is likely to result in dismissal from the activity. One's parent/guardian is responsible for removing participant from the convention site.

**I understand and accept this code of behavior.**

\_\_\_\_\_  
(Participant's signature)

\_\_\_\_\_  
(Date)

***I consent to the conditions stated above on participation in this event.***

\_\_\_\_\_  
(Parent/Guardian's signature)

\_\_\_\_\_  
(Date)

Phone number (Day) \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Contact person if parent/guardian are unavailable

\_\_\_\_\_  
(Phone #)

Diocese of Little Rock / Office of Catholic Youth Ministries  
**YOUTH FORM**

**PARENTAL/GUARDIAN MEDICAL CONSENT AND LIABILITY WAIVER**

**Participant's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_ **Home Phone**(\_\_\_\_)\_\_\_\_\_

**Alternate Phone Number:** (\_\_\_\_)\_\_\_\_\_  **Cell Phone**  **Pager**  **Work**

**Parish:** \_\_\_\_\_ **Grade**\_\_\_\_\_ **Age**\_\_\_\_\_ **Sex:** M/F

**CONSENT & LIABILITY WAIVER**

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.  
If participant is 18 years of age or older, consent must be signed by the individual.**

I (name of parent/guardian) \_\_\_\_\_, grant permission  
for my child, (participant's name) \_\_\_\_\_, to participate in  
(event) \_\_\_\_\_, to be held  
(date) \_\_\_\_\_, (time) \_\_\_\_\_ and (location) \_\_\_\_\_.

I agree on behalf of myself, my child's other parent if known, or living (name of parent)  
\_\_\_\_\_. My child named herein, or our heirs, successors, and assigns, to hold harmless and  
defend the Diocese of Little Rock, the sponsoring parish (its pastor, youth minister, other agents, etc.)  
or any representatives associated with the scheduled activity unless the parties involved were careless  
or negligent.

\_\_\_\_\_  
Signature (Parent/Guardian) Date

\_\_\_\_\_  
Signature Date  
(Participant 18 years of age or older must sign own consent)

**Medical Matters**

I hereby warrant 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 in accordance to your wishes:

**Emergency Medical Treatment**

In the event of any 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 any emergency and you are unable to reach me, contact:

Name & Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Medications**

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

My child is taking the following medication at the present time:

Medication(s): \_\_\_\_\_ Dosage \_\_\_\_\_ Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Administer: \_\_\_\_\_

\_\_\_\_\_ I hereby **DO NOT GRANT PERMISSION** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

\_\_\_\_\_ I hereby **GRANT PERMISSION** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. (Please initial)

**MEDICAL CONDITIONS INFORMATION**

(Diocesan personnel will take reasonable care to see that the following information will be held in confidence)

My son/daughter has: \_\_\_\_\_

Has had an episode of the following or has been diagnosed  Seizures  Asthma  Diabetic

Allergic reactions to the following (foods, dyes, latex, etc.) \_\_\_\_\_

Has had medical surgery within the last six months?  Yes  No Still under Doctor's care? Yes  No

Has a medically prescribed diet? \_\_\_\_\_

The following physical imitations? \_\_\_\_\_

Immunizations current and up to date:  Yes  No Date of last tetanus/diphtheria immunization \_\_\_\_\_

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

**INSURANCE INFORMATION**

(Please attach a copy of the Insurance Card, front and back, with this form)

Insurance Carrier: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

**No, I do not carry medical insurance at this time.**

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself).

\_\_\_\_\_  
**Signature (Parent/Guardian) Parent Guardian must sign for anyone under 18 years of age** **Date** \_\_\_\_\_

\_\_\_\_\_  
**Signature (Participant 18 years of age or older must sign own consent)** **Date** \_\_\_\_\_