



All Saints Youth Ministry
Presents:

BBQ & Kayak Trip

Sunday, August 29

12:30-2:30 pm

@ Duck park

MS & HS youth

Permission Slips Available at Church

Youth Ministry Kick Off

Join us at the Duck Park (at the corner of Long Rapids Rd. and US-23) on **Sunday, August 29 from 12:30-2:30pm**. Permission slips available for pick up at the parish office. All students participating must have a signed permission slip. **Please register by Wednesday, August 25.**

Call Jackie 989.354.3019 for more info. We look forward to seeing you there!

Jr. and Sr. High School Youth Ministry

Starting September 12th - Youth ministry for both Junior High (Middle School) and High School will be Sundays from 6:30 - 8:30 at St. John Church. Even though the programs will be meeting at the same time, the two groups will have separate activities. Fr. Tyler is also looking for young adults willing to help out with Youth Ministry.

What does a High School Youth Ministry night look like? We will start in the youth room with random games and snacks. Then...

- 1st Sunday of the month - Scripture night. We will read next Sunday's Gospel and come up with ideas on how to live it. Whichever idea we like the best Fr. Tyler or Fr. Michael will have to use it in their homily next Sunday.
- 2nd Sunday of the month - Topic night - Random Catholic topics from Fr. Tyler and Fr. Michael.
- 3rd Sunday of the month - Adoration, Confessions, and Praise and Worship music in St. John Church of All Saints Parish.
- 4th Sunday of the month - It's your turn! Questions/Answers - try to stump the priest.
- 5th Sunday of the month - Saints - Pick your favorite saint and see who can find the craziest information.

Then... the last part of youth night will be spent in some sort of organized game. Volleyball, kickball, corn hole, basketball, kiddie pool kick ball... you name it, let's do it.

What does Junior High Youth Ministry night look like? Similar to High School but in their own space with lessons especially tailored to their age. They will join the High School on the 3rd Sunday of the month for Adoration, Confessions, and Praise and Worship Music.

**Parent Permission Form for
Youth Ministry BBQ & Kayak Trip**

Dear Parent or Legal Guardian:

Your child is eligible to participate in a parish-sponsored activity taking place at the Duck Park on the corner of Chisholm and Johnson. This activity will take place under the guidance and supervision of the youth leaders and parish volunteers. A brief description of the activity follows:

Event: All Saints Youth Ministry BBQ & Kayak Trip

Destination: Duck Park on the corner of Chisholm and Johnson.

Activity Supervisors: Fr. Tyler, Al Guest, Seth Peters, Jackie Benson and parish volunteers

Date: Sunday, August 29

Time: 12:30-2:30 pm

Method of Transportation: Parents drop off and pick up

Cost: \$0

If you would like your student to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your youth.

Statement of Consent

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place at the Alpena Duck Park and that my child will be under supervision of the designated All Saints Parish volunteers on the stated date. I further consent to the conditions stated above on participation in this event.

In consideration of my child being allowed to participate in this event, I agree to indemnify and hold harmless **All Saints Parish; the Diocese of Gaylord**, and any and all affiliated organizations, their employees, agents and representatives, including volunteer and other drivers, from any and all claims, including negligence, arising from or relating to my child's participation in this event. This indemnification and hold harmless agreement does not apply to claims for intentional misconduct or gross negligence.

(Print Parent's Name)

(Parent's Signature)

(Date)

Phone number you can be reached at during the event: _____

Media/Promotions Release: I give permission for All Saints Parish and the Diocese of Gaylord to use pictures taken at this event for promotional purposes. No names will be used with these pictures. It is my understanding that my signature releases the Diocese of Gaylord and All Saints Parish from any financial or legal responsibility for the use of this media relations/promotional materials.

Parent or Guardian signature: _____ **Date:** _____

Please turn paperwork into the parish office by Wednesday, August 25.

No student is allowed without paperwork. If you have any questions, call Jackie Benson 989-590-864

All Saints Parish Medical Treatment Release Form

To whom it may concern:

As a parent/guardian I do hereby authorize the treatment by a qualified and licensed physician in an emergency which, in the opinion of the attending physician, is deemed necessary and appropriate. This authority is granted only after reasonable effort has been made to reach me.

List all students covered by this release:

Student Name: _____ Relationship to you: _____ Grade: _____

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Student Name: _____ Relationship to you: _____ Grade: _____

Reason for which intended: Authorizes medical treatment under emergency circumstances in the absence of parent/guardian from **8-1-21 through and including 8-31-22**

Address of student: _____ Phone: _____

Emergency Phone: _____

Family Physician: _____ Phone: _____

Address: _____ City: _____

List Allergies, medication, contacts, or other pertinent comments: **Include student's name if multiple students are covered by this release.**

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

Does this policy apply to all students? ___yes ___no (If no, please provide info on reverse side)

I further authorize the person who presents the student to sign the Acknowledgment of Receipt of Notice of Privacy Rights that may be presented by the physician or health care facility.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

DATE: _____ SIGNED: _____