

Fright Fest



October 24, 2010

9 AM—9 PM

Cost & Info:

- \$40. Make check payable to St. Michael Parish.
- Registration deadline = October 12. A late fee of \$10 will be added as of October 13.
- If you have a season pass, your cost is \$10 for the bus.
- Bring extra money for food, games and souvenirs.
- Friends are welcome but must follow our rules and guidelines.
- Dress appropriately. It gets cold!
- Mass options: Saturday at 5:00pm or Sunday at 7:30am.

We will be leaving by bus from the Faith Center promptly at 9:00am. Participants must be paired up at all times. No one may leave the park until we meet at the bus at 8:00pm. Chaperones will be available at all times but youth will be unsupervised throughout the day. A mandatory face-to-face check in will be at 3:00 by the First Aid station.

Scavenger Hunt for Christ



Is Christ at the Art Institute?

Yes He is, and all over Chicago as well. Our journey will begin by taking the Metra into Chicago and walking to the Art Institute, finding Christ along the way. Bring \$5 gift cards for McDonalds or Subway to give to the homeless we will meet! We will journey from the Art Institute to a variety of locations, and will complete our day with Mass. Wear walking shoes and dress modestly, fill your pockets with gift cards, and represent your faith to the city of Chicago and build your relationship with Christ.

Fees for the train and Art Institute will be covered by YU, but gift cards for the homeless and lunch/dinner money are the responsibility of the participant.

Sunday November 21 8:45am—7:40pm

St. Michael Parish

Youth United
317 W. Willow Avenue
Wheaton, IL 60187

Leslie Stopka
630-462-5047

PERMISSION FORM FOR YOUTH UNITED DAYTRIPS FALL 2010

GENERAL PERMISSION FORM

I request that my child, _____, be allowed to participate in the following Youth United events:

_____ FRIGHT FEST AT SIX FLAGS October 24, 2010

_____ SCAVENGER HUNT FOR CHRIST November 21, 2010

I hereby release and indemnify my parish, St. Michael of Wheaton, IL, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

Videotaping and Still Photographs

Video and still photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Diocese of Joliet website.

Code of Behavior

You are representing Youth Ministry in our diocese during this event and we expect you will represent us well. We expect that you will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our diocese.

Some Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.

If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Teen Signature: _____

Parent Signature: _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child, _____, by the people in charge of the 2010 Fall Youth United events, and those transporting my child to and from the event as their judgement deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalise, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Participant's Name: _____

Birth Date: _____

Parent's Home Phone: _____

Parent's Cell Phone: _____

Allergic to medication/other? NO YES (circle one)
If YES, please describe:

Medication(s) presently taking: _____

Insurance Information

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____

Authorized Physician: _____

Phone #: _____

If parent(s) can't be reached

In case of Emergency, contact: _____

Phone #'s: _____