

Diocese of Joliet Presents a night for 7th graders:



Survivor

It's a Jungle Out There!!

MARCH 2, 2007

6:00 - 9:00 p.m.

Location:

Joliet Catholic Academy

1200 N. Larkin Ave. Joliet, Illinois

Registrations no later than February 23, 2007.

**Pizza
Great Music
Tribe Competitions
Teen Witness Talk**

Cost: \$10.00

Keynote: BEN SCHUMANN

Columbine Survivor

Ben was a student at Columbine High School on April 20, 1999 when two teens went on a rampage. He was in the school cafeteria where the 2 boys came and started shooting at 500 teens. He ran up the stairs to get away from them, and was fortunate to survive. After high school, he spent two years in the seminary. Ben's next venture was in foreign missions. He spent his first year on the island of St. Vincent and his second year was spent in the Philippines. He will talk about the **tools** needed to survive in the **teen jungle**.

Information for Parish Leaders

7th Grade Evening

"Survivor - It's a Jungle Out There"

Schedule

5:30 p.m. Pizza/salad/pop/water
6:00 p.m. Music - Dan Wolff
6:15 p.m. Welcome
6:20 p.m. Tribe Activities
7:10 p.m. Tribe Discussion
7:20 p.m. Music - Dan Wolff
7:30 p.m. Keynote Speaker - Ben
8:00 p.m. Music - Dan Wolff
8:10 p.m. Teen Witness
8:15 p.m. Tribe Competition - teen representative from each parish needed
8:30 p.m. Tribe Discussion
8:45 p.m. Wrap-up/Closing Prayer/Music

Arrival Instructions

When you arrive at JCA, one adult leader from each parish should check in at the check in table. Once there, the adult will be given a parish packet containing one bracelet for each member of your group. This bracelet will correspond with dinner, team building games and small group during the evening.

Additional Information

Leader Ratio

We need one adult for every (10) 7th graders. This will help facilitate small group (tribe) discussion as well as small group (tribe) activities.

Small Groups (Tribes)

We have included a form to divide your group into small groups ahead of time. One of our goals with this evening is to help you build community as well as give your teens a common faith experience. Small Groups will be in groups of ten people. If you have less than ten teens, we will combine your teens with another church. Each small group must have one teen representative participate in the Tribe Competition at 8:15 p.m.

Questions

If you have any questions about the evening, please do not hesitate to contact Mark Herwaldt at the 630-483-4226 or e-mail at ccym@sbcglobal.net.



Diocese of Joliet

Religious Education Office
430 North Center Street
Joliet, Illinois 60435

815-727-6411
Fax 815-722-7361

7th Grade Evening PARISH REGISTRATION FORM

Group Leader _____

Parish _____

Parish Address _____

City _____ Zip Code _____

Office Phone _____

Leader's Cell Phone _____

Leader's E-mail _____

of Youth _____ X \$10.00 = _____

of Adults _____ X \$5.00 = _____

Total Amount Due: _____

Please make checks payable to *Diocese of Joliet*

Return to:

REO

Attn. 7th Grade Evening

430 N. Center Street

Joliet, IL 60435

Register no later than February 23, 2007



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7th Grade Evening

Church Name: _____

Small Group Adult Leader Name: _____

Small Group (Tribe)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Representative for Tribe Competition: _____

**If you have less than 10 teens, we will partner your group with another church. We mark which teen would be open to participating in an upfront game (Tribe Competition)



Diocese of Joliet

GENERAL PERMISSION FORM

I request that my child, _____, be allowed to participate in the 7th Grade Evening event, located at Joliet Catholic Academy, Joliet, IL on the following day: Friday, March 2, 2007.

I hereby release and indemnify my parish, _____, 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.

Youth Signature: _____

Parent/Guardian Signature: _____

Date: _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child, _____, by the people in charge of the 2007 7th Grade Evening event, and those transporting my child to and from the event as their judgment 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 hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Participant's Name: _____

Birth Date: _____

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: _____

Identification/Social Security Number: _____

Authorized Physician: _____

Phone #: _____

Parent/Guardian Signature: _____

Date: _____

Parent(s)/Guardian printed: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Other Emergency contact: _____

Phone #'s: _____

FORM TO BE TURNED INTO YOUR YOUTH MINISTER