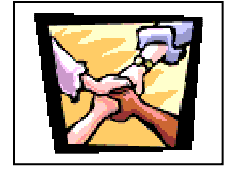


MSYM TEENS FALL OUT 2008



Overnight Service Project Retreat
for Middle School Youth
Friday, October 17th-Saturday, October 18th 2008

Share food, faith, fun and know you have made a difference in the life of another!

Friday: We will meet at St. Francis at 7:00 pm Friday night for small group reflection, large group silliness, lots of late night snacks and powerful prayers. Bring your sleeping bag, pillow and favorite stuffed animal/ghost story for a sleepover at St. Francis!

Saturday: After a good breakfast, we will spread out in Raleigh in teams. Each team will participate in service projects in which we will share our many gifts with the less fortunate. This special even will culminate on Saturday afternoon when families join us at the 5:30 Mass.

WHO: Middle School youth from St. Francis of Assisi are invited to participate.

WHERE/WHEN: Arrive at St. Francis at 7:00 PM. Depart Saturday: 6:30 PM.

WHAT TO BRING:

Sleeping Bag, Pillow, Pajamas, Toiletries
Comfortable Clothes and Shoes (no open toes) for Saturday's work
Great Attitude, and Open Mind, and Giving Heart

WHAT NOT TO BRING:

Drugs, Alcohol, Weapons, Explosives, Tobacco Products
Cell Phones, Pagers, Stereos, Walkmans, or anything else
that will take you away from the community gathered.

COST: \$50 per youth* * *No one will be excluded due to inability to pay. Please contact LLFF office ***

HOW TO REGISTER: Bring this completed form with a check for \$50 payable to St. Francis of Assisi to any of the following locations:

- September 28th MSYM Session
- Faith Formation Office in Thea Hall (at The Franciscan School)
- Drop box in the welcome center of Anthony Hall

****** Registration forms must be complete ******

****** no later than October 1 deadline ******

to adequately plan for all participant needs.

Sorry, applications cannot be accepted after this date ! ****

"TEENS FALL OUT" REGISTRATION FORM

Name of Youth _____

Grade _____

Parent(s)/Guardian(s) with whom youth resides:

Address: _____

Home Phone: _____

Parent/Family E-mail _____

Adult Volunteer Opportunities:

Please choose one (You will be contacted individually with the details)

Overnight Chaperone/service project small group leader _____

Overnight Chaperone Only 9PM-9AM _____

Driver/chaperone for Saturday service projects 9AM-4PM _____

Serve snacks/meals: Friday night 7-8:30 PM _____

Saturday morning 7:30-9 AM _____

Saturday afternoon 4-5 PM _____

To register:

- Complete Registration Form
- Complete medical form (on back of this page)
- Check for \$50 payable to St. Francis of Assisi *

Bring this completed form with check to any of the following locations:

- the September 28th MSYM session
- the Faith Formation Office in Thea Hall (at the Franciscan School)
- the drop box in the reception area of Anthony Hall

Registration forms must be received no later than **October 1st**. **deadline** to adequately plan for all participant needs. Sorry, applications **cannot** be accepted after this date!!

PLEASE FILL OUT THE MEDICAL AND RELEASE FORM ON THE BACK OF THIS PAGE.
REGISTRATION FORMS CANNOT BE ACCEPTED WITHOUT THIS INFORMATION.

For More Information, please contact:

Christine Miesowicz

Director of Lifelong Faith Formation

847-8205 x 242

christine.miesowicz@stfrancisraleigh.org

**Saint Francis of Assisi MYSM
MEDICAL/PHOTO RELEASE and CONSENT**

Activity Name: Teens Fall Out 2008 Date: October 17-18, 2008

Location: St. Francis of Assisi/various service sites

Youth Info:

Name _____ Goes By _____ Age ___ M/F ___ Grade _____

Address _____ City _____ State _____ Zip _____

Youth's E-mail _____ Birth Date _____

Parent(s)/Guardian(s) name _____ Home Phone _____

Alternate Phone Number(s) _____

Emergency contact (not parent) name _____ phone _____

Youth prefers to be assigned in group with _____

Adult T-Shirt size _____ (s-xxl) School _____

Medical Info:

Any medical conditions the leaders should be aware of? (e.g., allergies, faint easily, etc.) _____

Name of any medication(s) being taken: _____

Reason: _____

Any allergies or medical/dietary restrictions/requirements _____

Physician's Name _____ Phone _____

Medical Insurance Company and ID# _____

Claims address: _____

Early Release Info:

Please note youth will not be allowed to leave early unless information below is complete.

Time and date youth will be leaving: _____ Will be picked up by: _____

Permission for Photos

We take pictures or video of students and/or classes. Names are never used. Some of these may be included on our parish's website or used for other parish purposes. Do you give permission for us to photograph and publish on the parish website your children/youth? Please check one: YES NO

Parent/Guardian Signature _____ Date _____

Consent:

I release St. Francis of Assisi, Diocese of Raleigh, and any Adult Youth Leaders from any responsibility for any injuries which may be incurred by my youth. I give consent for my youth to receive any necessary emergency medical attention at the nearest medical facility. I agree to be liable and pay all costs and expenses incurred in connection with my child's medical treatment.

Parent/Guardian Signature _____ Date _____