

# STAND UP STAND OUT STAND TOGETHER

“Stand Up; Stand Out; Stand Together!” is the theme for the 22<sup>nd</sup> Annual State Youth Conference! Come join nearly 700 youth and adults from around the diocese at the White Oak Conference Center, March 9<sup>th</sup> – 11<sup>th</sup>, 2012! The line-up of presenters are some of the best we have ever had at our annual youth conference – Sean Forrest, Jackie Francios, Mike Patin! This weekend promises to be a weekend of dynamic talks, powerful liturgies and engaging worship! You don’t want to miss this life -changing event!

*Themes for the weekend:*

## **Friday Night – Stand Up**

What do you really believe? What are you really passionate about? What are you willing to Stand Up for?

## **Saturday Morning and Saturday Night – Stand Out**

He calls us to be 100% Catholic, nothing less will do! What do the people in your life and around you think that you are living for? STAND OUT = 100% authentic for Jesus! Are you all in?

## **Sunday Morning – Stand Together**

We are not alone! We do not walk this journey alone. That is why he gave us the body of Christ (Hands and feet)! We are here to build up and encourage one another. The question is – “Is the way you are living your life building up the Kingdom, or by your words and deeds tearing down the Kingdom?”



Jackie is a singer, songwriter, guitarist, speaker, and youth minister from Placentia, Calif. For 22 years Jackie attended St. Joseph Catholic Church in Placentia. Through retreats, youth conferences, and World Youth Day 2000 in Rome, Jackie experienced Jesus in a deeper way.

Sean began his ministry as a full-time youth minister at St. James Parish in Stratford, Conn. In January of 2000, Sean founded Movin' With The Spirit, Inc. (MWTS), a not-for-profit organization dedicated to renewing the Church and society as a whole by proclaiming God's eternal Truth and love for all. Since then, he has had the opportunity to speak to hundreds of thousands of teens and adults across the country and internationally.



Mike uses energy, humor and stories to affirm the goodness of God's presence among us while inviting others (and himself) to take the "next step" in our journey with God. Mike has had the privilege of speaking in over 115 dioceses in the U.S. and Canada, to groups ranging from 10 to 10,000. He has addressed youth, adult and intergenerational (family) audiences in diocesan, regional, national and international settings.

Two or More is a music ministry program in the diocese comprised of young adults from around the state who love music and love Jesus more. In the Gospel of Matthew, Jesus states, “for where two or more are gathered together in my name, there I am in their midst.” Two or More was created with the intention of coming together in Christ’s name to use music as a mechanism to connect the act of worship and celebration of liturgy with personal lives of faith.

≥2

**Bishop Guglielmone will be joining us Sunday Morning for Mass**

DEADLINE for early registration (lower price and guaranteed tshirt) is FEB. 5.

**Your Cost: \$70.00 – make checks to SEAS**

For more information contact Caye Pheifer @ 263-3445 ext. 205 or  
[cayesimpse@aol.com](mailto:cayesimpse@aol.com)

## Parent/Guardian Permission and Liability Waiver

### Description of Activity/Event:

Date(s): March 9-11, 2012  
Type of Event: High School Youth Conference (DYC)  
Arrival/Departure Time: TBA  
ER Phone Number: Caye Pheifer 864-553-9496  
Jerry White 803-709-9025  
Destination: White Oak Conference Center  
Individual In Charge: Caye Pheifer  
Mode of Transportation: TBA

### Participant Information:

Participant's Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian's Name \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_

Adult Shirt Size: \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ 2X \_\_\_ 3X

### Permission to Participate:

I, \_\_\_\_\_, grant permission for my son/daughter, \_\_\_\_\_  
*Parent or Guardian's Name* *Child's Name*  
to participate in this parish youth ministry event, that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of Parish employees and/or volunteers from St. Elizabeth Ann Seton.  
*Parish Name*

### Hold Harmless Agreement:

As parent/legal guardian, I remain legally responsible for any personal actions taken by my son/daughter named above.

I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend St. Elizabeth Ann Seton,  
*Parish Name*

its officers, directors, agents, and the Diocese of Charleston from any liability for illness, injury or death arising from or in connection with my son's/daughter's attending the above named activity/event.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Permission To Be Photographed:

I give my permission for my child, \_\_\_\_\_, to be photographed at this event and understand that the photographs may be used for publicity, etc. \_\_\_ Yes \_\_\_ No

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Side A (over)

## MEDICAL CONSENT AND PERMISSION TO TREAT

### Release of Information:

To the best of my knowledge, my child, \_\_\_\_\_ is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

I hereby grant medical personnel permission to release medical information to the Diocesan Director and/or my parish youth minister in the event that my youth becomes ill or injured.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Insurance Information:

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### Emergency Contact Information:

Parent/Guardian's Name: \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

If you are unable to reach me, please contact:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to me or my son/daughter: \_\_\_\_\_

### Medical History:

My son/daughter is under the care of a medical provider. \_\_\_\_\_ Yes \_\_\_\_\_ No

Provider Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

My son/daughter is taking medication and will bring all medication with him/her and it will be clearly labeled. My son/daughter is taking the following medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows: \_\_\_\_\_

I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) To be given to my child if necessary. \_\_\_\_\_ Yes \_\_\_\_\_ No

My son/daughter is allergic to the following: \_\_\_\_\_

My son/daughter's immunizations are current and up to date \_\_\_\_\_ Yes \_\_\_\_\_ No

My son/daughter has the following limitations: \_\_\_\_\_

My son/daughter experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bedwetting, etc. \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Side B