# YOUTH EXPLOSION & FAMILY EUCHARISTIC CELEBRATION

PRESENTED BY NORWICH DIOCESAN EUCHARISTIC REVIVAL

# MASS CONFUSION

## *Dave and Doug Show*

"Mass Confusion," explores the Catholic Faith within the context of the Mass. Doug and Dave assist us in understanding and transforming our relationship with the liturgy, which will enkindle a living relationship with Jesus in the Holy Eucharist. Watching this fun and enjoyable event will provide us with a better understanding of the Mass. Then we will put our new knowledge and enlivened faith into action as we celebrate Mass. During the liturgy, we will make connections to why priests do what they do, why we say what we say, and how actions lead to Jesus' presence with us.

## November 6, 2022

St. Bernard's School, Uncasville from 1 - 4 PM

The cost is $5 per person, $25 per family, or $4 per youth attending with their youth group. To buy tickets, go to https://bit.ly/2Laol7Y

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# Youth Explosion & Family Eucharistic Celebration

# November 6, 2022

Group Registration – Due by 10/26/22 for $4 fee

This event is first come, first reserved!

**Church Name:**_____

***Leader Contact Info below:***

**Name**_____

**Address:** _____

**Phone:** _____**Email**_____

**Number of tickets requested for youth participants** **a.** _____

**Number of tickets requested for chaperones** **b.** _____

***List of chaperones must be sent to: Norwich Diocesan Office of Safe Environments before 10/26/22***

**Total attending Youth Explosion** **c.** _____

(Add Line a. and b.)

***Fee for Youth Explosion**

(Multiply line c. times $4 ) **d. $**_____

| **Total fee enclosed** | **$**_____ |
|---|---|

**Make group check payable to *ACA***

**All tickets are non-refundable – AFTER 10/26/22 all tickets are $4 - FIRM**

**For more information, contact Liza Roach, OFE at (860)848-2237 x305**

**lroach@norwichdiocese.net**

**Please send this form with one check per group payable to "ACA" mail to:**

**Liza Roach**
**Office of Faith Events**
**199 Broadway**
**Norwich, CT 06360**

# Parental/Guardian Consent Form/Liability Waiver
## For Diocese of Norwich YOUTH EXPLOSION & FAMILY EUCHARISTIC CELEBRATION

Participant's Name_____ Age_____ Grade___ Gender___

Participant's Email_____ Cell number_____

Parent/Guardian Name_____

Street Address/City/State/Zip_____

Parent/Guardian Phone (home)_____ (cell)_____

I give permission for my son/daughter _____to attend and participate in the **Youth Explosion** at Saint Bernard School, Uncasville, CT on November 6, 2022. This activity will take place under the guidance and direction of employees and/or volunteers from the Roman Catholic DIOCESE OF NORWICH and _____ (Your Parish). Youth are expected to stay until the end of event –if leaving early, one MUST have parent/guardian permission.

**Youth Explosion & Family Eucharistic Celebration**
**November 6, 2022**
Saint Bernard School, Uncasville
Doors open at 1:00 p.m.
Event is from 1:00 p.m. to 4:00 p.m.
Make checks payable to _____
(Your Parish or School when attending with group.)

**Registration Fee - $4** _____
**Total Fee Enclosed** _____

**Adult Coordinator** _____
Return this form to your group leader.
If individual not attending - please send form and payment to:
Attn: Liza Roach Office of Faith Events
by 10/26/22 199 Broadway, Norwich 06360

While youth are responsible for their own behavior, as parent and/or legal guardian, I remain legally liable for any actions or damages made by the above named minor. I am aware that I will be called if my child has to be sent home. I agree on behalf of myself, my child named herein, our heirs, successors, and assigns to hold harmless and defend the Roman Catholic Diocese of Norwich, and parish/school named above, and their officers, directors, agents, employees, representatives associated with this event from any and all liability claims, loss or damage arising from or in connection with my child attending this event or in connection with any illness or injury or cost of medical treatment in connection therewith. I agree to compensate the above entities for reasonable attorney fees and expenses arising in connection therewith. I hereby warrant that 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 and I cannot be reached, I hereby give permission to transport my child to a hospital or medical facility and to seek medical attention. In signing below, I understand that the Youth Explosion payment is a revocable, and non-transferable credential . Payment entitles the named bearer to enter only those Youth Explosion event /sites and areas therein as appropriate. Presence in unauthorized areas will serve as grounds for suspension or termination of access/privileges. By use hereof, the bearer voluntarily assumes all risks and dangers incidental to the events and activities for which this credential is issued, whether occurring prior to, during or after same, and agrees that the Diocese of Norwich and its agents, staff and volunteers are not responsible or liable for injuries or damage suffered by the bearer resulting from or arising out of such activities; and consents to a reasonable search of carry-in items and/or his or her person for security reasons, if deemed necessary by the **Youth Explosion** staff or law enforcement agencies. Failure to comply with the above conditions may result in non-admission and/or confiscation hereof. I grant the Diocese of Norwich my consent without reservation to use, assign, convey, reproduce, copyright, publish my/my child's name, voice, image, and/or likeness that arises from his/her participation in the Event, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at the sole discretion of the Diocese of Norwich. Payment is non-refundable.

Emergency contact: Name_____ Relationship _____ Phone_____
Doctor: Name_____(phone)_____
Insurance Company_____ Employer _____Group #_____
Subscriber name_____ Subscriber # _____
Allergies: (medication, foods, etc)_____ Medications currently taking that may affect treatment: (name/dosage)_____ You should also be aware of these special medical/ physical/ mental conditions of my child: special diet (I agree that the **Youth Explosion** cannot be responsible for any special dietary needs that my child may have, nose bleeds, recent injuries, exposure to contagious diseases, etc.):

Parent/Guardian Signature _____ Date_____

Youth Participant Signature_____ Date_____

# Procedures for Ensuring Compliance with the Office for Safe Environments (OSE) at Youth Explosion XI

**All CHAPERONE NAMES MUST BE SENT IN TO THE OFFICE FOR SAFE ENVIRONMENTS BY OCTOBER 26, 2022 FOR YOUTH EXPLOSION.**

**Please provide a copy of this sheet to all adult chaperones attending the YOUTH EXPLOSION-**

*To allow for quicker admittance, we ask that ALL Chaperoning Adults participating MUST PRESENT the following item:*

***Government issued Photo ID***

***Procedure for check in of Adult Chaperones at YOUTH EXPLOSION.***

1. *All Adults will check-in at registration table.*
2. *Each adult must show a government issued photo ID.*
3. *A Chaperone who has not successfully completed the Diocesan Certification for working with children will not be able to be a chaperone at this event:*
4. *A Chaperone who is Certified will:*
   a. Wear the same color as the youth of his or her group.
   b. If this adult is the group leader, they will receive a verbal "OK" to pick up the group's packet.
5. *There must be 1 chaperone for every 10 youth with a minimum of 2 chaperones for 10 young people.*

**ALL YOUTH WILL WEAR A WRISTBAND AS REGISTRATION FOR THE EVENT.**

*Doors will NOT open before 12:30 a.m. at St. Bernard's School*
*Event begins at 1:00 p.m. and concludes at 4:00 p.m.*

**Diocese of Norwich Safe Environments Verification Form**
**<u>One Day</u> Events Involving Youth**

Each adult chaperone (anyone 18 years and older, and not in high school) must be listed below. OSE will confirm background screening and training in accordance with the policies of the Diocese of Norwich under the *Charter for the Protection of Children and Young People.* If an adult is not screened and trained (day events only), then the non-compliant adult will not be allowed to chaperone the event.

**Please print clearly**

Parish/School/Organization: _____

Town: _____

Person completing this form & phone #:_____

Name of Event: __Youth & Family Eucharistic Celebration__ Scheduled Event Date: _Nov. 6, 2022_

Date Submitted to OSE: _____

**<u>Name</u> and <u>Date of Birth</u> of Adult Volunteers:**

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

**A diocesan representative will verify names before the adult volunteers are allowed to attend virtual event. Names of Adult should be visible in the video conferencing room.**

**This form must be received by OSE no later than October 26, 2022**

**Return: OSE 199 Broadway, Norwich, CT 06360 –or- fax 860-848-2816-or-OSE@norwichdiocese.net**