

FAITH EXPLOSION 2012:
ARISE
 WALK IN TRUTH
 LEVÁNTATE CAMINA EN LA VERDAD

Welcome to Faith Explosion 2012: Arise! Walk in Truth! ¡Levántate! ¡Camina en la Verdad!
The attached packet contains the information you will need to prepare for this Diocesan Youth Gathering for grades 6 – 12 on March 17, 2012 at St. Joseph Elementary in Battle Creek.

Our Keynote

Bob Perron, aka Stogie for Christ, is a popular presenter across the country. His presentations, a perfect blend of standup and storytelling, leave his audiences laughing, reflecting, and perhaps even shedding a tear or two. His excitement, enthusiasm, and love have motivated and inspired thousands of young people and adults. Bob loves God and our Church, and he shares hilarious stories to help us appreciate the silly and the sacred moments in life.



A Special Gift of Service:

Participants in Faith Explosion 2012 are invited to bring new or gently used shoes of any type or style that will be donated to Soles4Souls. Since 2005 this Nashville based charity has distributed over 16 million pairs of shoes to the needy in over 127 countries.

Why shoes?

- **Shoes help prevent the spread of parasitic diseases that plague over 1.4 billion people worldwide,** and they are a basic human necessity.
- The reality of life for many individuals in developing nations is that **having a pair of shoes is a rarity.** It is not uncommon for children to grow up in these areas without ever having had a pair of shoes at all. **Over 300 million children worldwide are without shoes.**
- Shoes are very often considered a required part of the school uniform in developing countries, **and without shoes, many children are unable to attend school.**
- **Many serious health conditions can be absorbed through the feet.** Parasitic infections such as hookworm and threadworm penetrate cracks in the skin. Constant cuts and scrapes to the feet and ankles frequently become infected, which can lead to ulcers and worse. Bare feet are at greater risk of puncture wounds and burns.
- With the number of children living in abject poverty and therefore surviving at a scavenger's existence, the feet are at tremendous risk as the child hunts for food or household items in garbage dumps, abandoned housing/construction areas, or while crossing through open sewer trenches and contaminated areas.

We join together in this season of Lent to give thanks for our many blessings and to share those blessing with others. Let these shoes be a symbol of our faith journey as we respond to Jesus' invitation to Arise! Walk in Truth!

Schedule of the Day

12:00 pm
Doors open,
community builders

12:45
Welcome/Opening
Prayer

1:00
Keynote: Bob Perron

2:15
Break/light snack

2:30 – 4:00
High School and
Middle School
sessions

4:15 – 4:45
Adoration

4:45
Break

5:00
Dinner

5:45
Keynote: Bob Perron

7:00
Mass

8:30
Departure

Registration:

Youth in grades 6 – 12 from every parish in the Diocese are eligible to attend. **The fee for those who register by March 1st is \$25 per youth and \$15 per chaperone. Late registrations, sent after March 1st, will be \$35 per youth and \$25 per adult chaperone.** Payment must be received with registrations. The cost of the event includes dinner, a light afternoon snack, and a t-shirt (t-shirt not guaranteed for late and/or cancelled registrations).

Every youth MUST have a signed parental permission form AND a medical treatment authorization to attend Faith Explosion 2012. *Adults need to fill out a medical form and be in compliance with diocesan child protection policy (see Supervision section below).* Please note that you will need to edit the Parent Permission Form to include the specific details for your parish group (parish supervisor, method of transportation, etc.) before distribution to your parish youth.

Include a copy of each youth's permission form and a copy of each participant's medical form with your group registration sheet. You keep the originals because you will need them to transport your group to and from the event.

All the information and forms needed are contained in this registration packet.

Supervision:

There must be two adults for the first one to eight youth, and one additional adult for every one to eight additional youth.

Chaperones must:

- be age 21 or older
- have attended a Protecting God's Children session
- have completed a criminal background check as stated in the diocesan child protection policy.
- come prepared to be actively involved in all activities with their youth.

Questions: Contact Lisa Irwin in the Office of Evangelization, Catechesis and Initiation at 269-903-0177 or lirwin@dioceseofkalamazoo.org.



March 17, 2012
St. Joseph Elementary
47 North 23rd Street
Battle Creek, MI
12:30 - 8:30 p.m.
Doors open at Noon

For Group Leaders

1. Familiarize yourself with the enclosed forms. Remember to personalize the Parent Permission Form to include the specific details for your parish group (parish supervisor, method of transportation, etc.) before distribution to your parish youth.
2. Announce the event through religious education classes, youth ministry events, parish bulletins, scout meetings, school newsletters, etc.
3. Don't forget to publicize the service project, bringing donated new and gently used shoes. Develop creative ways to encourage your young people to participate.
4. Oversee the registration of your parish group by:
 - A. Collecting the individual registration forms and payment from each youth and adult chaperone.
 - B. Consolidate that information onto the Group Registration Form.
 - C. Send the Group Registration Form, with copies of youth permission slips and all participant medical forms, along with payment, to **Peg Kornacker, Diocese of Kalamazoo, 215 N. Westnedge Ave., Kalamazoo, MI 49007.**
 - D. Note the registration deadlines and fee structure:
 - a. ***If postmarked by March 1st***: \$25 per student and \$15 per chaperone
 - b. ***After March 1st***: \$35 per student and \$25 per chaperone.
 - c. ***Remember that t-shirts cannot be guaranteed for late and/or cancelled registrations.***
5. Make checks payable to the "Diocese of Kalamazoo."
6. **Be sure you have the appropriate ratio of chaperones to youth:** There must be two adults for the first one to eight youth, and one additional adult for every one to eight additional youth.
7. **Chaperones must be age 21 or older, have attended a Protecting God's Children session, and completed a criminal background check as stated in the diocesan child protection policy.** Chaperones must come prepared to be actively involved in all activities with their youth.
8. Review the Code of Conduct with both your young people and their parents. You will be notified if someone from your group is in violation and they will be asked to leave.
9. Each youth **must have** a permission slip signed by his/her parent or guardian **and** a medical authorization form to participate in Faith Explosion 2012. Copies should be turned in with your registration.
10. All **drivers** must be 21 years of age or older and complete the Driver Information Form, which you should keep in your records.
11. All adults who are drivers should be given a copy of the permission forms of the youth who will be riding with them, as well as the planned route.
12. Doors will open for registration at Noon. The event will begin at 12:30 p.m. and conclude at 8:30 pm. Mass will be celebrated at 7:00 pm. Our day will be spent at the facilities of St. Joseph Parish and Elementary School in Battle Creek. Enter the parking lot between the school and the church off of 23rd Street. Park in the large lot to the left near the school. Enter in the marked doors.
13. **Participants should eat lunch before coming to Faith Explosion.**



March 17, 2012
St. Joseph Elementary
47 North 23rd Street
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12:30 - 8:30 p.m.
Doors open at Noon

Instructions for Adult Leaders and Drivers

1. You are responsible for the safety of the youth who ride with you. Please drive safely and defensively. The designated parish supervisor should inform you of the route and travel plans for the parish group.
2. Enter the parking lot between the school and the church off of 23rd Street. Park in the large lot to the left near the school. Enter in the marked doors. Upon arrival, there will be signs directing you to the registration area.
3. ***One adult from the parish group should be designated to come to the registration table to get the registration materials for the parish group.***
4. We are counting on your help for enforcing the following code of conduct for all participants:
 - * Let all your actions and words contribute to the enjoyment of everyone. Be your best self, representing your parish/school and yourself to the best of your ability.
 - * Participants must attend all of the scheduled activities.
 - * Name tags must be worn at all times and must be easily visible.
 - * Participants must stay within the designated areas at all times.
 - * No foul language.
 - * Smoking is not permitted for any participants, youth or adult.
 - * No alcohol or drug (except prescription) is to be brought or consumed.
 - * **All electronics are to stay at home. If a cell phone comes for emergency purposes, it is expected that the ringer be turned off for the duration of the event.**
 - * If any participant does not observe these guidelines, his/her parents will be called to make arrangements for the person to leave early.
 - * If you notice a violation of these guidelines please inform any one of the Faith Explosion committee members or the individual's parish coordinator.

This Code of Conduct is also included as a separate page so that you can easily distribute it to the young people and their parents.

5. Please help your youth stay on the announced schedule and arrive on time for all activities. Your enthusiastic participation in all of the activities will be a model for the youth.
6. A First Aid Station and Lost and Found will be set up and available during the day.
7. Faith Explosion committee members will wear a special t-shirt. They are here to help make this day a good experience for everyone.

Youth Code of Conduct

- * Let all your actions and words contribute to the enjoyment of everyone. Be your best self: representing your parish/school and yourself to the best of your ability.
- * Participants must attend all of the scheduled activities.
- * Name tags must be worn at all times and easily visible.
- * Participants must stay within the designated areas at all times.
- * No foul language.
- * Smoking is not permitted for any participants, youth or adult.
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Student Registration Form

(To be given to parish youth minister, DRE or parish Faith Explosion coordinator)

Please print clearly

Your Name _____

Address _____

City, State, Zip _____

Home Phone _____ Your Cell Phone _____

Your e-mail address _____

Your age _____ Your grade _____ Male _____ Female _____

Parish: _____ City: _____

Emergency Contact:

Name _____ Relationship to youth: _____

Home Phone _____ Cell Phone: _____

Parish Group Contact/Leader _____

Your T-shirt size Youth L _____

Adult S _____ M _____ L _____ XL _____ XXL _____

Do you have any special dietary or other needs we can help you with? Please note:

Student Cost, if postmarked by March 1st: \$25, includes light afternoon snack, dinner and a t-shirt.

Student Cost after March 1st: \$35. Please note that t-shirts *may not* be available.

Make checks payable to "Diocese of Kalamazoo".



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Adult Chaperone Registration Form

(To be given to parish youth minister, DRE or parish Faith Explosion coordinator)

Please print clearly

Your Name _____

Address _____

City, State, Zip _____

Home Phone _____ Your Cell Phone _____

Your e-mail address _____

M ___ F ___ Date attended Protecting God's Children* _____

Date of criminal background check* _____

*** As required in diocesan child protection policy**

Parish: _____ City: _____

Emergency Information:

Name _____ Home Phone _____

Cell Phone: _____

Parish Group Contact Leader _____

Your T-shirt size Adult S ___ M ___ L ___ XL ___ XXL ___

Do you have any special dietary or other needs we can help you with? Please note:

Chaperone Cost if postmarked by March 1st: \$15, includes a light afternoon snack, dinner and a t-shirt.
Chaperone Cost after March 11th: \$25. Please note that t-shirts *may not* be available.
Make checks payable to "Diocese of Kalamazoo".



March 17, 2012
St. Joseph Elementary
 47 North 23rd Street
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12:30 - 8:30 p.m.
Doors open at Noon

Group Registration Form

To register your group, send this completed form, with a **copy** of each youth's parent permission form, a **copy** of each participant's medical form, and payment made out to "Diocese of Kalamazoo," to Peg Kornacker, ECI Office, Diocese of Kalamazoo, 215 N. Westnedge Ave., Kalamazoo, MI 49007. **Please check in as a parish group when you arrive.** (Be sure you bring the originals of the youth permission form and participant medical form with you as you will need them when transporting your group to and from the rally).

Parish Name _____ **City** _____

Parish Contact Person _____ **Phone** _____

Contact Person's email: _____

Number of youth attending: _____ x \$25 = \$ _____

Number of adults attending*: _____ x \$15 = \$ _____

** Chaperones must be compliant with diocesan child protection policy.*

Late fee if registered after March 1st: _____ x \$10 = \$ _____

Total payment enclosed: = \$ _____

Names of those attending (including adults) and grade of students (there must be *one adult per eight youth*)

Student Name	Address	Grade	T-shirt size
1.			
2.			
3.			
4.			
5.			
6.			

continue on reverse side

Student Name	Address	Grade	T-shirt size
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

Chaperone Name	Address	Age	Date Virtus Trained	T-shirt size
1.				
2.				
3.				
4.				
5.				

Please list any special dietary or other needs:

PARENT PERMISSION FORM FOR DIOCESAN YOUTH FAITH EXPLOSION PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school/parish premises. This activity will take place under the guidance and supervision of employees from _____ School and/or Parish.

Name of Event: *Faith Explosion 2012: Arise! Walk in Truth! ¡Levántate! ¡Camina en la Verdad!* , a Diocesan Youth Gathering for Middle School and High School Youth (Grades 6 – 12), Saturday, March 17, 2012, 12:30 - 8:30 p.m. Doors open at Noon.

Destination: St. Joseph Elementary, 47 North 23rd Street, Battle Creek, MI, 49015

Designated Supervisor of Activity: _____

Date and Time of Departure: _____

Method of Transportation: _____

Student Cost: \$25 if registered by March 1st; After March 1st \$35

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

*****STATEMENT OF CONSENT*****

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this youth event, I hereby agree on behalf of myself and my child, to release _____ School and/or Parish, the Roman Catholic Diocese of Kalamazoo, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the youth rally. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the youth rally. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

With my signature I hereby grant permission to the Diocese of Kalamazoo to publish my child's name, photo or video image in connection with a feature story, or other publication as deemed appropriate by the Diocese.

(Print Parent's/Legal Guardian's Name)

(Parent's/Legal Guardian's Signature)

(Date)

Please return this entire form by: _____ to _____
(Date) (Person)

MEDICAL TREATMENT AUTHORIZATION

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Minor's Date of Birth: _____ Age: _____ Home Phone _____

Reason for which release is intended: **"Faith Explosion 2012: Arise! Walk in Truth!/¡Levántate! ¡Camina en la Verdad! "**, a Diocesan Youth Rally for Middle School and High School Youth (grades 6 – 12)

Address of Minor: _____ City: _____

Emergency Contact: _____ Relationship to Minor: _____

Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medications, contacts, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____ Signed: _____

(Parent or Guardian)

ADULT GENERAL AND MEDICAL RELEASE FORM

Reason for which this release is intended: Faith Explosion 2012: Arise! Walk in Truth! ¡Levántate! ¡Camina en la Verdad!

Statement of Consent and Medical Release

In consideration of my being allowed to participate in Faith Explosion 2012, I hereby agree to release _____ Parish, the Roman Catholic Diocese of Kalamazoo, and any and all affiliated organizations, their employees, agents, representatives and volunteers, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me arising from or relating to my participation in this diocesan youth gathering. In the event this release on behalf of myself is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me arising from or relating to my participation in this event. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim; but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

I do hereby authorize treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. I understand that reasonable attempts will be made as soon as possible to contact one of my emergency contact persons at the phone numbers listed in connection with any accident or emergency medical care. I understand that I retain all responsibility for costs associated with my medical care.

Name: _____ Date of Birth _____

Home Address: _____ City: _____

Home Phone: _____

List allergies, medication, contacts, or other pertinent comments: _____

Family Physician: _____ Physician Phone: _____

Physician Address: _____ City: _____

Emergency Contact Name and Telephone Number:

Name: _____ Daytime Phone: _____

Evening Phone: _____ Cell Phone: _____

If the person listed above is unavailable, alternate emergency contact person and phone number:

Name: _____ Daytime Phone: _____

Evening Phone: _____ Cell Phone: _____

Health Insurance Data:

Company: _____ Policy #: _____

Group #: _____ Contract #: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

I fully understand and agree to the above terms and sign this form knowingly, willingly and freely.

Signature of Participant

Date

Please return this entire form to your parish group leader.

VOLUNTEER/EMPLOYEE DRIVER INFORMATION SHEET

I. Driver:

Name: _____ Date of Birth: _____

Address: _____

II. Vehicle that will be used:

Name of Owner: _____ Year and Make: _____

Address of Owner: _____ Model: _____

_____ License Plate: _____

Registration Expires: _____ Inspection Expires: _____

If more than one vehicle is to be used, requested information must be provided for each vehicle.

III. Insurance Information: The insurance coverage for a privately owned vehicle is the limit of the insurance policy covering that specific vehicle.

Insurance Co.: _____

Policy Number: _____

Expiration Date: _____

Liability Limits of Policy*: _____

***Please note:** The minimal, acceptable liability limit for privately owned vehicles is \$500,000 CSL (Combined Single Limit). Due to some insurers' limitations, limits of \$250,000 per person/\$500,000 per occurrence are acceptable.

IV. Certification:

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer/employee driver, I hold a valid driver's license and have the required insurance coverage in effect on any vehicle used to transport students, co-employees, service recipients and/or act on behalf of the church or related entities.

Signature: _____ Date: _____

V. Recommendation:

Only experienced drivers, i.e. 21 or over, should transport students.