



SAINT THERESA
THE LITTLE FLOWER
CATHOLIC CHURCH

High School NYC Info:

We will meet at St. Theresa the Little Flower at 5 PM on Friday March 8, 2019 for the Diocesan Youth Conference. We will have food for the drive. Pack appropriate casual clothes, shoes, jackets, and toiletries. Bring \$10 for lunch on Sunday. We should be back at St. Theresa at 2:30 PM on Sunday March 10, 2019.

**REGISTRATION FEE (\$75) AND PERMISSION SLIP DUE:
February 5, 2019**

**LATE REGISTRATION FEE (\$125) AND PERMISSION SLIP DUE:
February 12, 2019**

Dear Parents:

We need your help getting to NYC in Winnsboro, SC! If you are able to volunteer as a driver and chaperone, please let Alicia Tosca know as soon as possible and fill out the attached "Adult Release Form." Thank you!

Registration fees & permission slips can be given to Alicia or dropped off to the parish office.

Scholarships are available. For questions or more info, reach out to Alicia at YouthMinistry@StTheresaChurch.com



29th Annual Diocesan High School Youth Conference

White Oak Conference Center
633 Mobley Hwy, Winnsboro, SC 29180

2019 High School Youth Conference - March 8-10, 2019

Come join over 700 Catholic youth and adults from around the Diocese as we gather on March 8-10, 2019, at the White Oak Conference Center for the 29th Annual Diocesan High School Youth Conference! The theme for this year is "Power!" We invite you to be part of this exciting and action-packed day. Come learn how we are 'powered' by grace, the sacraments, prayer, and the Holy Spirit to live, be, and do the work of God.

But he said to me, "My grace is sufficient for you, for power is made perfect in weakness." I will rather boast gladly of my weaknesses, in order that the power of Christ may dwell with me." 2 Corinthians 12:9

This weekend promises to change your life! Our keynotes for the weekend are going to challenge, encourage, and give you hope! This year's presenters for the conference are Father Joseph A. Espailat, Doug Tooke, Lorena Robles and outstanding praise and worship music by the Justin Dery Band. The weekend also will include the Diocesan Youth Evangelization Team leading skits, prayer, and fun games, the Diocesan Missionary Team along with many other speakers leading workshops, and, of course, parishes are given the opportunity to participate in team sports during free time.



Father Joseph A. Espailat is a priest of the Archdiocese of New York. Growing up in Manhattan, he learned to speak three languages: English, Spanish, and Street! He loves ministering the sacraments: Celebrating the holy sacrifice of the Mass, hearing confessions, and proclaiming the Word of God. He also loves working with youth and helping them encounter Christ. Father J enjoys spending time with family and friends as well as playing softball, basketball, and kickball and enjoys watching movies, writing poetry, and rapping. He is also the founder of the ministry Messengers of Christ.

Lorena Robles is a musician, speaker, and YouTuber who has been involved in Catholic youth and music ministry for 8 years. More recently she has been involved in using her bilingual abilities to help bring together the growing and emerging diversity of Catholics in South Carolina. Lorena is a compassionate, bubbly, and tenacious young woman who enjoys sharing laughs over a plate of tacos almost as much as sharing the gospel or hearing about the ways God impacts lives. She currently resides in Pawleys Island with her family working as a pediatric Occupational Therapist.



Doug Tooke is the Director of Ministry with ODB films as well as an adjunct staff member with Life Teen International. Doug specializes in small and combined parish youth ministry training, resource development and parish coaching. With Bachelor of Arts degrees in both Philosophy and Theology and a Masters in Pastoral Ministry he has over twenty years of professional ministry experience. He has traveled to over 100 Diocese in the past 15 years teaching, keynoting conventions, and training youth ministers. He is a recipient of the National Catholic Youth Ministry Award from the National Federation for Catholic Youth Ministry.

Praise and Worship Music - The Justin Dery Band



Bishop Guglielmone will be our closing presider on Sunday!

Parent/Guardian Permission and Liability Waiver

Description of Activity/Event:

Date(s): March 8-10, 2019

Type of Event: High School Diocesan Youth Conference

Arrival Time: Friday March 8, at 7:30 PM at White Oak

Departure Time: Sunday March 10, at 11:30 AM

Emergency Contact: Alicia Tosca (904) 314-9855

Destination: 633 Mobley Hwy, Winnsboro, SC 29180

Individual in Charge: Alicia Tosca

Mode of Transportation: Volunteers

Participant Information:

Participant's Name: _____

Birth Date: _____ Age: _____ Gender: _____

Parent/Guardian's Name: _____

Full Address: _____

Home Phone: () _____ Cell Phone: () _____

Adult T-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 and overnight stay at 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. Theresa the Little Flower Parish of Summerville, South Carolina.**

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. Theresa the Little Flower Parish of Summerville, South Carolina,** 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: _____

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: _____

Address: _____

Home Phone: () _____ Cell Phone () _____

If you are unable to reach me, please contact:

Name: _____

Relationship to me or my son/daughter: _____

Home Phone: () _____ Cell Phone () _____

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: _____

**DIOCESE OF CHARLESTON
ADULT RELEASE FORM**

PARTICIPANT INFORMATION:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Day Phone : _____ Eve Phone : _____
Parish/School & City: _____
Emergency Contact Name: _____ Phone: _____

PHYSICIAN & HEALTH INSURANCE INFORMATION:

Family Physician: _____ Phone: _____
Family Health Insurance Co. _____
Policy No. (Individual) _____ (Group) _____
Please list any medication that you may have an allergy to and/or any health problems a
Physician would need to know in treating you. _____

MEDICAL AUTHORIZATION & RELEASE OF INFORMATION

In the event of injury or illness I hereby give my permission to Jerry White, Director of Youth Ministry, employee of the Diocese of Charleston, to authorize transportation for me to a medical facility for any necessary medical treatment. I agree that in case of injury I will apply my hospitalization and/or accident insurance toward the payment of the expenses incurred. I give my permission to medical personnel to share information with my parish youth minister or Jerry White, Director of Youth Ministry, in the event of injury or illness.
Signature Required: _____

RELEASE AND INDEMNIFICATION

I hereby release the Diocese of Charleston, their agents, successors, legal representatives and its employees from any liability for any injury to myself as a result of my participation in the Diocesan event, and I agree to indemnify and save the Diocese harmless for any costs or expenses it may incur as a result of my participation.
Signature Required: _____

CODE OF BEHAVIOR

Participation in the Conference is a privilege and not a right. Each adult must attend all scheduled activities. The behavior of all (youth & adults) must reflect Christian values. The Sponsoring Adult must stay at the entire event and is responsible at all time for his/her youth. Each parish, through the sponsoring adult, will take full responsibility for any damage done by their group. Drugs/Alcohol are not permitted. The Diocesan staff reserves the right to ask any participant to leave at the participant's own expense. I have read and agree to uphold the above "Code of Behavior".
Signature Required: _____

DIOCESE OF CHARLESTON OFFICE OF YOUTH/YOUNG ADULT MINISTRY

It is the policy of the Office of Youth Ministry of the Diocese of Charleston to require a signed affidavit, from ALL ADULT CHAPERONES at overnight activities, testifying that they have never been charged with or convicted of sexual abuse. This is for the protection of our youth as well as you the adult.
I, _____ chaperone for _____ parish,
have never been the subject of an investigation involving an allegation of sexual abuse.
Signature Required: _____