Take the Challenge! Put Your Faith into Action.

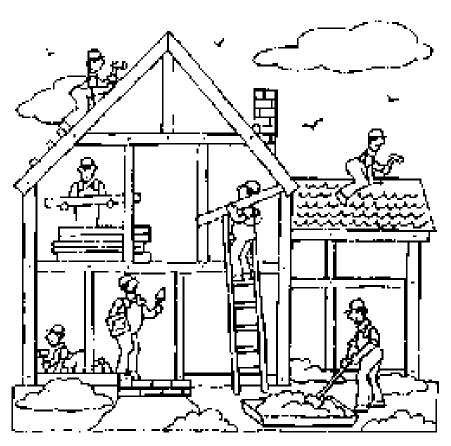
Youth Encounter Service

Sponsored by: Catholic Diocese of Saginaw

June 24 - 29, 2018

You can do something important this summer!

Join other Catholic high school youth - learn about and fight poverty, and reach out to the poor of Saginaw.



ACTIVITIES: Teams will work together each day at a house in the city and within an outreach organization. Home repairs depend on the condition of the house and on what we can accomplish in one week. Such projects could include putting up drywall, painting, limited construction (fix a sagging floor, or install new steps) and other general repairs.

Plus you will also be involved in direct outreach through various outreach organizations. Evening get-togethers will offer fun, learning, and new friends.

REGISTRATIONS: The fee for the week is \$135.00; this includes overnight accommodations, all meals, transportation all week long, evening programs, work materials and socials. Lodging will be provided at St. Dominic Parish, St. Stephen Parish Center, 1300 Malzahn Street, Saginaw.

(Please note that registrations are limited and will be accepted in order received.)

TOOLS: Please plan to bring a hammer, work gloves, and protective goggles. All other tools will be provided.

MAKE A DIFFERENCE! For your registration forms, contact your parish youth minister, director of religious education or go to the Diocese of Saginaw website at www.saginaw.org after March 1, 2018.

THINGS TO BRING TO Y.E.S.

(Please label all items before arriving.)

Clothing Items

- Sleepwear (including something to wear to and from the shower)
- 1-2 pair of tennis shoes or work shoes may not be open toed/heeled (ones that you wouldn't mind ruining)
- One decent pair of shoes to wear to courthouse and soup kitchen (flip-flops not allowed)
- 5+ pairs of socks
- 4-5 sets of work clothes, including 1 long-sleeved shirt and 1 pair of long pants (ones that you wouldn't mind ruining)
 - Shorts must be at least mid-thigh length
- o One set of casual clothes for visiting courthouse and soup kitchen (ex. Khakis & nice shirt)
- Sweatshirt(s)
- Set of clothes for evening lounging
- Bathing suit and t-shirt/cover-up for modesty for slip-n-slide
- Permanent markers for shirt signing
 - ***Please note ALL clothing including evening lounge wear must be church appropriate***

Sleeping and Bathroom Items

- o Pillows, sheets, sleeping bags, blankets, air mattress, cot (you will be sleeping on the floor)
- o small fan (if desired) with extension cords and power strips
- o Toiletries (soap, deodorant, toothpaste, brush, etc.)
- 2 sets of towels/washcloths (We will have private showers)
- o Backpack or other small carrying bag for shower items (Showers are OFF SITE)
- Beach towel for slip-n-slide

Work Items

- One pair of work gloves (with name on inside)
- Steel-toed boots/shoes (only if you already have them please don't purchase just for the week)
- Hats, bandannas, sunglasses (if you desire)
- Sunscreen, aloe, bug spray
- Paint brush and/or scraper (with name if you want them back)
- Rain ponchos

ITEMS NOT PERMITTED AT Y.E.S.

- Any type of revealing clothing: including midriff shirts, halter tops, spaghetti straps, string bikinis, shirts with the sides torn out, or short shorts
- o **ABSOLUTELY NO CELL PHONES** there are emergency numbers available
- No iPod's/docks/MP3 players or other electronic devices
- Clothing with offensive logos or sayings
- All food and beverages are provided, please do not bring your own

Catholic Diocese of Saginaw Youth Encounter Service (Y.E.S.) Registration Form, June 24 – 29, 2018

Instructions

Please complete the following information and sign where indicated. Pages one and two are for you to keep; please return pages three through six with your payment. Completed forms and full payment must be submitted for registration to be accepted. Confirmation letters will be mailed to everyone whose registration is accepted. Make check payable to the *Diocese of Saginaw*. Mail registration forms and payment to:

Pat Preston Office of Youth Ministry 5802 Weiss Street Saginaw MI 48603-2762

Registration Deadline: May 18, 2018

SECTION A: Registration Information

Name:				Date of Birth	າ:	
Street Address:				Parish:		
City/State/ZIP:				School:		
Phone number:		Grade i	n Septembe	r, 2018		
Parent/Guardian:						
Email:						
T-Shirt Size (circle one):				X Large	XX Large	
Have you participated in Y.E.S. before	ore?	☐ Yes ☐ N	lo			

Please note: Students need to be present Sunday – Friday, leaving during the week at any time is not permitted. Please check your calendars before registering.

 $(Y.E.S.\ is\ designed\ for\ youth\ entering\ 9^{th}\ grade\ in\ the\ fall\ of\ 2018\ \&\ older\ and\ first-time\ participants.$ Repeaters accepted if space permits.)

SECTION B: Parent/Guardian Permission for "Y.E.S." Participation

Dear Parent or Legal Guardian:

Name of Event:

Location:

Your son/daughter is eligible to participate in Y.E.S. – a diocesan–sponsored immersion experience of Saginaw. This program will entail a week's residence at St. Dominic Parish and transportation to various sites within the City of Saginaw. This experience will take place under the guidance and supervision of a team of adult Youth Ministers of the Diocese of Saginaw. A brief description of the activity follows:

Various sites throughout City of Saginaw

Y.E.S. (Youth Encounter Service)

St. Dominic Parish

1300 Malzahn St., Saginaw

Sponsor:	Catholic Diocese of Saginaw		
Supervised by:	Nikki Bakos and adult volunteers		
Date & Time of Program:	Sunday, June 24; registration begins at 5:00 p.m., ends with Mass on Friday, June 29; 4:00 p.m. **Please note: students need to be present Sunday at 5:00 p.m. through Friday at 5:00 p.m.** Please drop your son/daughter off at St. Dominic Parish. Pick up on Friday at 5:00 p.m. Transportation during the week provided.		
Transportation:			
Cost to Participant:	\$135.00		
statement of consent and acknowledg responsibility that may result from any I hereby consent to participation by my of I understand that it will take place at St brochure, and that my son/daughter will	to participate in this experience, please complete, sign and return the following ment. As parent or legal guardian, you remain fully responsible for any legal personal actions taken by your son/daughter named below. child,, in the experience described above. t. Dominic Parish and various sites throughout the City of Saginaw, as listed in the libe under the supervision of the designated adult team members on the above stated the process of the supervision of the designated adult team members on the above stated the process of the supervision of the designated adult team members on the above stated the process of the supervision of the designated adult team members on the above stated the process of the supervision of the designated adult team members on the above stated the process of the supervision of the designated adult team members on the above stated the process of the supervision of the designated adult team members on the above stated the process of the supervision of the designated adult team members on the above stated the process of the supervision of the designated adult team members on the above stated the process of the supervision of the designated adult team members on the above stated the process of the supervision of the designated adult team members on the above stated the process of the supervision of the designated adult team members on the above stated the process of the supervision		
transportation.	tions stated above on participation in this experience, including the method of, participating in swimming at Prokop's Farm. I gree of risk involved and that there will be a professional life guard on duty during		
the time my child is swimming.			
child, to release the Roman Catholic Di and representatives, including voluntee which may be asserted by me or my ch this experience. In the event this release agree to indemnify and hold harmless I me or my child, or on behalf of my child or indemnification does not apply to indemnification apply to the extent of	owed to participate in this experience, I hereby agree on behalf of myself and my iocese of Saginaw, and any and all affiliated organizations, their employees, agents r drivers (collectively "Releasees"), from any and all claims, including negligence, ild, or on behalf on my child, arising from or relating to my child's participation in e on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby Releasees from any and all claims, including negligence, which may be asserted by d, arising from or relating to my child's participation in this experience. This release claims for intentional misconduct or gross negligence; nor does this release or commercial insurance coverage for any claim, but this Release or Indemnification arance or deductible applicable to any claim.		
Parent/Guardian Signature:	Date:		
Print Parent/Guardian Name:			

SECTION C: Catholic Diocese of Saginaw Y.E.S. Medical Treatment Release Form

To Whom It May Concern:

wanton misconduct.

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. This authority is granted only after a reasonable effort has been made to reach me.

Reason for which release is in	tended: Youth Encounter	Service, 2018 (Y.E.S.)			
Name of Minor:					
Relationship to you: Son Daughter Date of Birth:					
Address of Minor:					
Phone:	Emergency	Phone:			
Family Physician:	hysician: Phone:				
Address/City/Zip:					
Are there any physical restrict we should be aware?		l conditions (e.g. asthma, allergies, ep	oilepsy) of which		
If yes, please describe:					
Health Insurance Data					
Company:					
		Contract:			
Parent/Guardian Signature: _		Date:			
Medication Authorizati	on – Medication must be j	provided in original containers from	pharmacy.		
I hereby request and authorize our doctor. (Attach additional	-	inister my child's prescribed medication	on as directed by		
Medication(s):					
Instructions/Dosages:					
		Date:			
school administrator, who in good	faith administers medication to d	ministrator, teacher, or other school employe a pupil (participant) in the presence of anothe nce with the instructions of a physician is not	er adult pursuant to		

action or for civil damages as a result of the administration except for an act of omission amounting to gross negligence or willful and

Michigan Compiled Laws, 1982 {380.1178}

SECTION D: Media Release (must be completed for those under the age of 18)

I, hereby give permission	n for the personnel of the Catholic Diocese of Saginaw Y.E.S.
program to photograph, videotape and/or voice-tape my ch purposes of (please check the items you will allow):	nild/children (or allow area news reporters to do the same for the
☐ Public information for promotion of Diocesan, School, or Parish programs (brochures, newspapers, radio or television	☐ Catholic Diocese of Saginaw website
☐ In-School/Parish Purposes use only	☐Parish website
	Or
\square I do not give permission for my child to be photogr	raphed, videotaped or voice-taped.
Child's Name:	
Parent/Guardian Signature:	Date:
SECTION E: Y.E.S. Part	cicipant Behavioral Agreement
For the week of Y.E.S. to be as successful as possible, each Therefore, we ask that you commit yourself, as a Y.E.S. pa	h person's full participation and exemplary behavior is essential. articipant, to the following behavioral agreement.
	n you and your parent/legal guardian, dated, ed registration packet by May 18, 2018.
AGREEMENT TERMS:	
1. Participant is to remain with the group or small tea	am at all times.
2. Participant may not use or possess any drugs, toba	acco products or alcohol for the entire week.
3. All public and private property is to be treated with	h respect. There is to be no vandalism of any type.
4. Treat everyone encountered with respect. No swea	aring will be tolerated and no put-downs will be acceptable.
5. Male and female participants are to respect one ano will not be allowed in any female quarters. Female	other's privacy, especially with regard to sleeping quarters. Males es will not be allowed in any male quarters.
	hat I will abide by the above as well as agreeing to do my best in ment during the Y.E.S. experience.
♦ ♦ Breaking any of the above te	erms may lead to being sent home. ♦ •
Participant Name (Printed):	
Participant's Signature:	
Parent/Guardian Signature:	
	Date: