

St. Thomas More

Catholic Church

Dear Parents,

This semester our EDGE theme will be "Restored." In our EDGE meetings this semester we will be learning more about the Catholic Sacraments and how they are tangible, real, and concrete ways we can encounter God's grace. It is through God's grace, that we are restored. Our EDGE kick-off event for the year is a lock-in at St. Thomas More September 2nd and 3rd. Please encourage your child to attend.

Enclosed you will find the EDGE schedule on the back of this letter followed by registration forms. I will be keeping these registrations on file for the 2011-2012 year so if you have any changes in information half-way through the year please notify me. For off campus EDGE events, lock-ins, and trips an additional Form-C will need to be filled out in order for your child to participate.

St. Thomas More youth ministry events will be communicated through a variety of ways. Please look for website updates, and bulletin announcements for upcoming events and registration deadlines. Also, if you have FACEBOOK or if your child does please request to join the "St. Thomas More YOUTH MINISTRY Paducah, KY" group.

Youth Ministry works to draw young people to a responsible participation in the life, mission, and work of the faith community. A balanced youth ministry program is organized around the components of advocacy, catechesis, community life, evangelization, service, leadership development, pastoral care, prayer and worship. God has no voice, eyes, hands, or feet but ours. Please discern the special gifts and talents God has given you to build up His Church and with an open heart ask God how he might be calling you to participate in youth ministry at St. Thomas More. If you would like to help, please fill out the enclosed volunteer form and return it to the parish office with your child's registration by the end of August.

Finally, if you have any questions or suggestions concerning youth ministry, please do not hesitate to call me at the parish office and I would love to find a time to chat with you. You and your family are in my prayers.

Your Sister in Christ,

Nicole Strasser

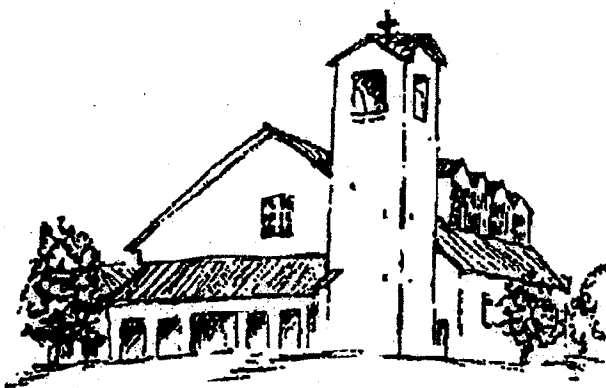
Nicole Strasser

Director of Youth Ministry

St. Thomas More Parish

270-534-9000 ext. 19

nicole@stmore.org



The EDGE

@ St. Thomas More

The EDGE is an interactive Catholic ministry for middle school youth in grades 6-8. The EDGE combines all aspects of a middle school ministry into one dynamic process. Don't miss out on this exciting and incredible middle school ministry on the scheduled nights below!

The EDGE 2011 FALL SCHEDULE

Our theme for this semester is "***Catholic Sacraments***"

EDGE lock-in on:

Friday, Sept. 2 @ 6pm – Saturday, Sept. 3 @ 10am

Friday, Sept. 16 @ 6-8pm (off campus)

Sunday, Sept. 25 @ 4-5:30pm

Friday, Oct. 14 @ 6-8pm (off campus)

Sunday, Oct. 23 @ 4-5:30pm

Friday, Nov. 11 @ 6-8pm

Sunday, Nov. 27 @ 4-5:30pm

Sunday, Dec. 4 @ 4-5:30pm

Friday, Dec. 9 @ 6-8pm

The EDGE usually meets at the St. Thomas More Parish Hall. Snacks are provided.

Contact Nicole Strasser at 534.9000 or nicole@stmore.org.

You are always welcome to bring your friends!

The EDGE Registration Form 2011-2012

We will be communicating by e-mail whenever possible....please provide your e-mail address.

1 st YOUTH'S FULL NAME _____			
BIRTH DATE _____	GENDER _____	GRADE _____	T-SHIRT SIZE (Adult) _____
SCHOOL _____			
YOUTH EMAIL _____			

2 nd YOUTH'S FULL NAME _____			
BIRTH DATE _____	GENDER _____	GRADE _____	T-SHIRT SIZE (Adult) _____
SCHOOL _____			
YOUTH EMAIL _____			

Father's Name: _____ Mother's Name: _____

Home e-mail address: _____

I would like to prepare/sponsor snacks for The EDGE (choose a day):

Sept. 2-3 rd lock-in _____ Friday, Sept. 16 @ 6pm _____ Sunday, Sept. 25 @ 4pm _____ Friday, Oct. 14 @ 6pm _____ Sunday, Oct. 23 @ 4pm _____ Friday, Nov. 11 @ 6pm _____ Sunday, Nov. 27 @ 4pm _____ Sunday, Dec. 4 @ 4pm _____ Friday, Dec. 9 @ 6pm _____	Sunday, Jan. 8 @ 4pm _____ Sunday, Jan. 22 @ 4pm _____ Feb. 10-12 th trip TBD _____ Sunday, Feb. 26 @ 4pm _____ Sunday, March 25 @ 4pm _____ Friday, April 13 @ 6pm _____ Sunday, April 22 @ 4pm _____ Sunday, May 6 @ 4pm _____ Friday, May 11 @ 6pm _____
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Please complete additional registration information on the back of this form.
The information on the reverse side is confidential.

Check the appropriate box ONLY if the statement applies

High School Youth has not been baptized in the Catholic Church _____

I/We would like to discuss Baptism and/or Sacrament preparation for our high school youth _____

Registered at St. Thomas More YES _____ NO _____

MODEL RELEASE STATEMENT

- I hereby grant permission for my child _____ to be photographed and/or videotaped during EDGE activities and events. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting EDGE and/or youth programs at St Thomas More.
- I hereby decline to grant permission for my child _____ to be photographed and/or videotaped during EDGE activities and events. I have instructed my child to decline to be photographed and/or videotaped at all times. I have further instructed my child to notify EDGE coordinators and/or Core Team Members that he/she may not be photographed and or videotaped under any circumstances.

FACEBOOK RELEASE STATEMENT

- I hereby grant permission for my child _____ to be contacted via FACEBOOK for EDGE activities and events.
- I hereby decline to grant permission for my child _____ to be contacted via FACEBOOK for EDGE activities and events.

TEXT MESSAGING RELEASE STATEMENT

- I hereby grant permission for my child _____ to be contacted via TEXT message on his or her cell phone for EDGE activities and events.
Adult Cell # _____ Youth Cell # _____
- I hereby decline to grant permission for my child _____ to be contacted via TEXT message on his or her cell phone for EDGE activities and events.

Additional Comments: _____

SIGNATURE _____ DATE: _____

ROMAN CATHOLIC DIOCESE OF OWENSBORO, 600 Locust St., Owensboro, KY 42301

Name/Address of Institution (Parish, School, etc.) Sponsoring Activity _____

EMERGENCY MEDICAL RELEASE AND HEALTH INFORMATION FOR MINORS

Minor Participant's Name _____ Male/Female (circle) Birthdate ____/____/____

Address _____ Phone _____

Father's _____ or Legal Guardian's _____ Name _____

Home Address _____ Home Phone _____
Work/Cell Phone _____

Mother's _____ or Legal Guardian's _____ Name _____

Home Address _____ Home Phone _____
Work/Cell Phone _____

In an emergency, please notify (Name/Phone #): _____

Name of Individual In Case Parent/Guardian Cannot Be Reached: _____ Phone: (____) _____

Is anyone designated as the primary or sole custodial parent by court order or decree? NAME _____

Name anyone who is restrained from picking up the child. _____

HEALTH HISTORY:

Child's Physician: _____

Any pre-existing or present medical conditions, disabilities, physical handicaps, or major illnesses: _____

Name of any **prescription medications** and concise directions, including dosage and frequency of dosage: _____

If my child is in pain and if deemed advisable by a supervisory adult, I grant permission for the following non-prescription medication to be given:

Acetaminophen _____ Yes _____ No _____

Ibuprofen _____ Yes _____ No _____

Any allergies (food, latex, animals, etc?) Yes/No _____ Allergic to any medications? Yes/No _____

If yes, explain: _____

Date of last tetanus shot _____ Contact lenses? Yes/No _____

Any swimming restrictions: _____ Yes _____ No _____ What? _____

Any activity restrictions? _____ Yes _____ No _____ What _____

(OVER)

EMERGENCY MEDICAL RELEASE AND HEALTH INFORMATION FOR MINORS (cont'd.)

Consent for Emergency Care

I/We, the undersigned parent(s)/guardian of _____ do hereby request and give permission for the provision of necessary medical treatment for the above-named child. I/we understand that supervisory personnel will immediately seek to reach the above-named child's contact(s) in case of a medical emergency. If any injury/incident does occur during this event that requires transportation to a hospital or doctor, I/we give permission for a representative of the parish/school/etc. to secure necessary medical attention. I/we further authorize any duly qualified physician, dentist, or hospital to render such aid or treatment that may be necessary and understand that I/we assume responsibility for the cost of any such treatment. I/we authorize the release of pertinent medical information to supervisory personnel.

*** Please understand that, depending upon the seriousness of the situation, your child may be transported to the nearest hospital.**

Parent/Guardian Signature: _____ Date: _____

Witness to Signature: _____ Date: _____

Health Insurance Company (that covers above-named child): _____

Insurance Policy #: _____ Group #: _____

PERMISSION FORM & LIABILITY RELEASE

PURPOSE: This Permission Form/Liability Release is intended to cover all diocesan-, deanery-, parish-, and Catholic school-sponsored activities for anyone under the age of eighteen (18). Catholic schools and/or programs have the right to require parent/guardian to give permission for students/participants eighteen (18) years of age or older.

I/We, the parent(s) and/or legal guardian(s) of _____ (child's name), hereby request permission for this child to participate in any and all of the activities of the Roman Catholic Diocese of Owensboro and _____ (name of organization). I/We do hereby further generally, fully, completely and absolutely hold harmless the Diocese of Owensboro and the above-named organization, including, but not limited to, all board members, officers, sponsors, employees, leaders, volunteer drivers, and chaperones, from any and all liability of any kind or nature whatsoever. In case of injury to my/our child, I/we hereby waive all claims against the parties set forth above, and further agree to fully indemnify and hold said parties harmless from any liability whatsoever. I/We likewise release from responsibility any person transporting my/our child to or from activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. Taking into account the subject's age, I/we believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

--I hereby consent to the use of a photograph of my child for the purpose of publication. Yes No

Parent/guardian Signature _____ Date _____

Adult witness to Signature _____ Date _____

Received by _____ Date _____

(Signature of DRE, CRE, Teacher/School Personnel, Youth Representative, etc.)

IF THERE ARE ANY CHANGES IN THE INFORMATION ON THIS FORM, IT IS YOUR RESPONSIBILITY TO NOTIFY THE APPROPRIATE LEADER AND GET THE FORM UPDATED. (e.g. insurance policy changes, changes in medical condition or medicines, court orders, etc.)

MIDDLE- & HIGH-SCHOOL YOUTH CODE OF CONDUCT FOR PARISH-, SCHOOL-, & DIOCESAN-SPONSORED ACTIVITIES WITH YOUTH

The Offices of Catholic Schools, Faith Formation and Youth Ministry provide opportunities that allow young people from all over the Diocese of Owensboro to be educated, grow in their faith, have a fun time, and form Christian friendships. All that we do stems from our belief in Jesus Christ and the following of his teachings. Therefore, we have certain expectations of the children, youth, and adults who participate. To ensure a safe and enjoyable time for everyone, the following policies are in effect for all parish, school, and diocesan-sponsored activities with youth.

- I will treat everyone with respect, courtesy, dignity, patience, loyalty and integrity. I will behave in a way that respects the rights of all.
- If I am being hurt or if I become aware that anyone is being hurt verbally/physically, I will notify a supervising adult.
- I will be cooperative and do those things that promote a good reputation for my school/parish and me.
- I will treat property with care. If I break something, I will tell my supervising adult.
- I will avoid posing any health risk to others (i.e. fevers or other contagious situations).
- I understand the use of cell phones and other electronic equipment is highly discouraged, unless a supervising adult grants permission.
- I will not possess/use/purchase tobacco, alcohol, illegal drugs, weapons, inappropriate videos, inappropriate reading materials, or other objects.
- I understand in extreme cases of misconduct, my parents/legal guardian and legal authorities will be notified, regardless of the time. In these cases parents/ legal guardians will be financially and/or physically responsible for participant's transportation home from school/event. I understand I am subject to search and seizure policies (available upon request—policy p. 200:9).
- If I become aware of any violation of this Code of Conduct by anyone, it is my responsibility to notify my supervising adult as soon as possible.

YOUTH PARTICIPANT/STUDENT: _____
Print Name

I understand that any action inconsistent with this Code of Conduct may result in appropriate disciplinary action.

X _____
Signature of Participant/Student Date

X _____
Signature of Parent/Guardian Date

The Diocesan Policy states, "at least two supervising adults should be present when there is only one minor, and at least two participants should be present when there is only one supervisory adult." Please explain this to the child. It is the responsibility of the parent/guardian to see that youth arrive and are picked up at designated times to avoid violation of the above mentioned policy. This also applies to teens who drive themselves.

—For school events if the teacher, staff contact, or an adult supervisor is in attendance, that person should keep this form. If youth are not accompanied by school representative, then forms should be forwarded to appropriate school office PRIOR to event.

Revised August 2010

ADULT YOUTH MINISTRY VOLUNTEER FORM

Name: _____ Phone: _____ Email: _____

CORE TEAM MEMBER

___ I would like to be an EDGE core team member. I commit to attending the planning meetings and all EDGE events (we will meet once a month on Friday evenings and once a month on Sunday afternoons). I am a faithful Catholic that abides by church teachings and loves to share my faith with the youth. I am safe environment checked or at least willing to finish the process.

EDGE CORE Planning Meetings: Tuesday, August 16th @ 7pm, Tuesday, August 23rd @ 7pm, September 13th @ 7pm, October 11th @ 7pm, November 8th @ 7pm, December 6th @ 7pm

___ I would like to be a LIFETEEN core team member. I commit to attending the planning meetings and all LIFETEEN events (we will meet still on most Sunday evenings). I am a faithful Catholic that abides by church teachings and loves to share my faith with the youth. I am safe environment checked or at least willing to finish the process.

LIFETEEN CORE Planning Meetings: Thursday July 28th @ 5pm, Monday, August 15th @ 5pm, August 29th @ 5pm, September 12th @ 5pm, October 10th @ 5pm, November 7th @ 5pm, December 5th @ 5pm

___ I would like to be a core member on another Youth Ministry Team.

Please mark what team you would like to serve on below:

___ Confirmation Team: help with Confirmation prep sessions, chaperone retreat on October 9th, help with the service project TBD, and Confirmation reception.

___ NCYC Team: help with NCYC fundraising, t-shirts, trade-aways, etc.

___ Famine Team: help with this high school deanery event on January 15th-16th created to serve the hungry of our community and overseas.

___ EDGE plan a trip: help plan a retreat or trip for the EDGE on February 11th-12th, 2012.

___ Alternate Spring Break Trip Team: help organize high school mission trip for spring break 2012 (March 31st- April 4th.)

___ Living Stations of the Cross Team: Help with costumes, Living Stations rehearsals, etc. during Lent

___ RCIC (Rite of Christian Initiation for Children) Team: Be a teacher on Thursday nights at 7pm in the Sacred Heart Room.

(PLEASE FLIP PAGE FOR MORE VOLUNTEER OPTIONS)

YOUTH MINISTRY VOLUNTEER

I would like to.... *(please check all that apply)*

Chaperone trips/retreats (examples include NCYC, WYD, Holiday World, Youth 2000, etc..)

Help with the Confirmation Classes (be responsible for sign in, ice breakers, or snack prep) on Sundays August 14th, September 18th, October 16th, and October 30th from 2-4pm in the Parish Hall

Organize the Confirmation reception following Confirmation on November 6th after the 11am mass

Provide a meal/snack for a youth group meeting on _____

Make flyers or help with publicity at schools, in the community, etc.

Help with paperwork in the office ☺ (especially before big trips)

Help with service events for youth (Plan Confirmation Service Project in Fall, help with Souper Bowl of Caring the weekend of February 4-5th, plan occasional trips to community kitchen, Hope Unlimited, St. Vincent de Paul etc. with the youth)

Help with the Easter Egg Hunt on April 8th

Help with fundraisers (discount card sales, pancake breakfasts, bake sales, etc.)

*Please turn into Nicole Strasser at the Parish Office or email nicole@stmore.org

DIOCESE OF OWENSBORO
ACTIVITY INFORMATION FORM

Parish/School/Institution St. Thomas More

Date July 16, 2011

Dear Parent or Legal Guardian:
Your child is eligible to participate in a parish/school/diocesan-sponsored youth activity requiring transportation. This activity will take place under the guidance and supervision of employees and/or volunteers from St. Thomas More parish/school/diocese. A brief description of the activity follows:

Destination St. Thomas More Parish Hall

Educational Objective EDGE LOCK-IN

Planned Activities ice breakers, games, food, talks, and more!

Designated Supervisor of the Event Nicole Strasser

Begin: Date, Time, and Location of Departure September 2nd @ 6pm

Participants may not be dropped off before 6pm

End: Anticipated Time and Location of Return September 3rd @ 10am

****Participants may not be left unattended upon return so be on time please!****

Method of Transportation n/a
(If personal vehicles are used, volunteer drivers will complete Form E.)

Accommodations (if applicable) Bring sleeping bags, change of clothes, snack to
Total Cost FREE Other Details: Share, invite friends.

Cut here-----Cut here-----Cut here-----Cut here

Please return this bottom portion to the designated supervisor of the event: _____

Name and Date of Activity _____

Name of Participant _____

Parent/Guardian Phone (Home) _____ Phone (Work/Cell) _____

▶ In an emergency someone other than parent/guardian ◀

Emergency Contact Available during Event (Other than Parent/Guardian):

Name: _____ Phone (Home) _____

Phone (Work) _____ Phone (Other) _____

X _____
Parent/Guardian Signature Date

**In signing this, parent/guardian is agreeing to pick up participant on time.

(OVER)

Revised August 2010

PARENT/GUARDIAN COPY
LIABILITY RELEASE

I/We, the parent(s) and/or legal guardian(s) of _____ (child's name), hereby request permission for this child to participate in any and all of the activities of the Roman Catholic Diocese of Owensboro and St. Thomas More (name of organization). I/We do hereby further generally, fully, completely and absolutely hold harmless the Diocese of Owensboro and the above-named organization, including, but not limited to, all board members, officers, sponsors, employees, leaders, volunteer drivers, and chaperones, from any and all liability of any kind or nature whatsoever. In case of injury to my/our child, I/we hereby waive all claims against the parties set forth above, and further agree to fully indemnify and hold said parties harmless from any liability whatsoever. I/We likewise release from responsibility any person transporting my/our child to or from activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. Taking into account the subject's age, I/we believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

Parent/guardian Signature _____ Date _____

Adult witness to Signature _____ Date _____

Received by _____ Date _____
(Signature of DRE, CRE, Teacher/School Personnel, Youth Representative, etc.)

PARISH/SCHOOL/DIOCESAN COPY
LIABILITY RELEASE

I/We, the parent(s) and/or legal guardian(s) of _____ (child's name), hereby request permission for this child to participate in any and all of the activities of the Roman Catholic Diocese of Owensboro and St. Thomas More (Name of organization). I/We do hereby further generally, fully, completely and absolutely hold harmless the Diocese of Owensboro and the above-named organization, including, but not limited to, all board members, officers, sponsors, employees, leaders, volunteer drivers, and chaperones, from any and all liability of any kind or nature whatsoever. In case of injury to my/our child, I/we hereby waive all claims against the parties set forth above, and further agree to fully indemnify and hold said parties harmless from any liability whatsoever. I/We likewise release from responsibility any person transporting my/our child to or from activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. Taking into account the subject's age, I/we believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

Parent/guardian Signature _____ Date _____

Adult witness to Signature _____ Date _____

Received by _____ Date _____
(Signature of DRE, CRE, Teacher/School Personnel, Youth Representative, etc.)