



MARY, QUEEN OF PEACE CATHOLIC CHURCH  
**Abbey Youth Festival 2019**

**WHEN:** Saturday, March 23, 2019

**WHERE:** Saint Joseph Abbey

**DESCRIPTION:** Abbey Youth Festival is a Catholic youth ministry event on the grounds of St. Joseph's Abbey and Seminary College which is designed to deepen a teenager's relationship with God. The day consists of great speakers, entertaining music, and much more. The schedule reaches its climax with the Holy Sacrifice of the Mass and a candlelight adoration after the sun goes down. There are confessions available all day, vendors selling merchandise, numerous vocational groups present, and much more.

**GROUP NAME:** FourTwelve Youth Group

**GROUP LEADER:** Fr. Jared Rodrigu

**GROUP LEADER NUMBER:** (985) 202-023

**DROP OFF @ MQP Youth Room:** 7:15am, the School Bus will leave MQP promptly at 7:30am

**PICK UP @ MQP Youth Room:** 9:30-10:00pm (These times may change due to unforeseen events i.e. weather, we will keep parents updated if this happens via Groupme)

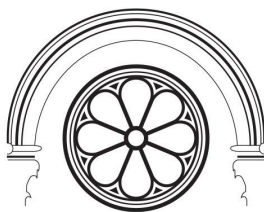
**COST:** \$50 *NON-REFUNDABLE* fee per teen: includes lunch, dinner and a T-Shirt  
(All checks should be made out to Mary, Queen of Peace Church, Subject: Abbey Youth Fest)

**DRESS CODE:** Follow FourTwelve Code of Conduct, NO tank tops, midriff tops, strapless tops, short shorts, saggy pants or clothes that expose one's undergarments. Make sure to bring layers!

**WHAT TO BRING:** Waterproof Rain Gear: Rain Boots, Umbrella, Waterproof Jacket/Pants, Extra Outfit in Waterproof Bag, Towel, Warmer Layers, Hats, Umbrellas, Hand Water Sprayers (for cooling off), Sunscreen, Chap Stick, Hand Sanitizer, Wipes, Water Bottle, Spending Money for Vendors

**REGISTRATION DEADLINE:** Wednesday, February 27, 2019

\* *AYF Packet & \$50 fee must be turned in by this date. You can drop off both at the Parish Center front desk in attention to the Youth Director, Fr. Jared Rodrigu by 4:00pm or at youth group that evening at 7:00pm.*



# SAINT JOSEPH ABBEY + SEMINARY COLLEGE

## Abbey Youth Festival

### LIABILITY & PHOTO RELEASE FORMS - PLEASE PRINT CLEARLY

**\*\* FORMS MUST BE COMPLETED FOR/BY EACH PERSON ATTENDING! \*\***

Participant's Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: M F PARENT/Guardian BEST Phone # for day of AYF : \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Adult's Email: \_\_\_\_\_

Group Name: \_\_\_\_\_

Group Leader Name: \_\_\_\_\_ Leader Cell: \_\_\_\_\_

#### PARENT/GUARDIAN

I, \_\_\_\_\_ (name), give permission to my above mentioned son/daughter to attend the Abbey Youth Festival to be held on March 23, 2019. If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by appropriate health care personnel. I release Saint Joseph Abbey and Saint Joseph Seminary College and its agents of all responsibility and consequences that may arise as a result of any injury suffered and resulting treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

I have read, and my child agrees to abide by all the rules and regulations as listed on the "Abbey Youth Festival 2018 Policies and Procedures" form as they are enforced by the Festival staff. I understand that Saint Joseph Abbey and Saint Joseph Seminary College will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the Abbey Youth Festival at my expense.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Parent/Legal Guardian \_\_\_\_\_

Family Physician Telephone #: \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Medical History \_\_\_\_\_

#### IN CASE OF AN EMERGENCY, PLEASE CONTACT:

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PHOTOGRAPHY CONSENT AGREEMENT & RELEASE OF LIABILITY - PLEASE PRINT CLEARLY**

(Adult & Minor Participant Form) **\*\* FORMS MUST BE COMPLETED FOR/BY EACH PERSON ATTENDING! \*\***

In consideration of the taking and use of the photographs of the named below ("Adult" or "Minor"), for good and valuable consideration herein acknowledged as received, I hereby grant to the Abbey Youth Festival and Saint Joseph Abbey and Seminary College the irrevocable and unrestricted right and permission to take, use, re-use, publish, and republish photographic pictures of the "Adult or Minor" or in which the "Adult or Minor" may be included, made through any medium and in any and all media now or hereafter known for illustration, promotion, art, editorial, advertising, trade, or any other purpose whatsoever. I also consent to the use of any published matter in conjunction therewith.

I hereby waive any right that I or the Minor may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

In exchange for the benefits derived by my participation and/or the Minor's participation in this project, I hereby agree that I, my heirs, distributees, guardians, legal representatives, and assigns do release and will indemnify, hold harmless the photographer, Abbey Youth Festival, its agents, and Saint Joseph Abbey and Seminary College for claims for libel or violation of any right of publicity or privacy arising out of or in connection with my participation or the Minor's participation in the photography project, from whatever cause, including the active or passive negligence of the photographer, Abbey Youth Festival, its agents, or Saint Joseph Abbey and Seminary College.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND SIGN IT OF MY OWN FREE WILL.**

Participant: Minor (Print Name) \_\_\_\_\_ Signature  
of Parent/Guardian for consent: \_\_\_\_\_  
Print Parent's Name: \_\_\_\_\_  
Participant: Adult (Print Name) \_\_\_\_\_  
Signature of Adult: \_\_\_\_\_

**Forms must be printed out, completed, and turned in the morning of March 23, 2019 at the Abbey Youth Festival Check-In/Registration Station**

**Group leaders may mail in completed forms if they prefer to the address below. **HOWEVER**, if mailing forms they **MUST** be posted no later than **March 11th, 2018**.**

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Abbey Youth Festival  
Saint Joseph Abbey and Seminary College  
Attn: Joseph Bass  
75376 River Road  
Saint Benedict, LA 70457

# Abbey Youth Fest 2019 T-Shirt & Meal Choices

Name of Participant: \_\_\_\_\_

Please circle T-Shirt Size: S    M    L    XL

Please Check One Item for Lunch & One Item for Dinner:

LUNCH:

Pizza

Chick-fil-A

DINNER:

Jambalaya

Chick-fil-A



MARY, QUEEN OF PEACE CATHOLIC CHURCH  
MEDICAL INFORMATION & CONSENT FORM

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GENERAL INSTRUCTIONS TO PARENTS/GUARDIANS:

1. Please take care in filling out this form. It provides crucial information for caregivers in the event of illness or medical emergency. Accuracy and thoroughness are encouraged.
  2. Sections I, II and V are mandatory. Sections III and IV provide you with treatment options in non-emergency situations.
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Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_  
(Street) (City/State) (Zip)

Home phone: \_\_\_\_\_ Student Cell: \_\_\_\_\_

Mother Cell: \_\_\_\_\_ Father Cell: \_\_\_\_\_

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SECTION I. MEDICAL MATTERS

As the parent/legal guardian of the above named child, who is currently associated with Mary, Queen of Peace Catholic Church. I hereby authorize Elise Bennett or her assistants to carry out the wishes I have named (herein) in areas of emergency medical treatment and other cases of illness. This authorization inclusively extends from August 1, 2018 through September 30, 2019. 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.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

SECTION II. EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the numbers listed herein, contact:

Name & Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

SECTION III: OTHER MEDICAL TREATMENT

In the event it comes to the attention of the parish, its officers, directors and agents, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

SECTION IV: MEDICATIONS

*(SIGN ONLY THOSE OPTIONS THAT ARE APPLICABLE)*

- My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- NO medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION V: MEDICAL INFORMATION

The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed-wetting, fainting? \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? \_\_\_\_\_ If so, date and disease or condition: \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_

\_\_\_\_\_