



PRESENT BY THE OFFICE OF TOTAL CATHOLIC EDUCATION

# High School RALLY

cool to be catholic

MARCH 2-4, 2012  
COLORADO SPRINGS CROWNE PLAZA  
2886 SOUTH CIRCLE DR., COLORADO SPRINGS, CO 80906

REGISTER WITH YOUR PARISH YOUTH MINISTER

M  
A  
R  
C  
H

2<sup>nd</sup>

to

4<sup>th</sup>



**And I have given them the glory you gave me,  
so that they may be one, as we are one. John 17:22**

cool to be catholic

one bread  
one body  
one holy  
catholic  
apostolic  
one flock  
one shepherd  
one bread  
one body

"And I have given them the glory you gave me, so that they may be one as we are one"  
John 17:22

# Programming

NEW THIS YEAR

## Parent Track

**Holy Catholic  
Apostolic Family**

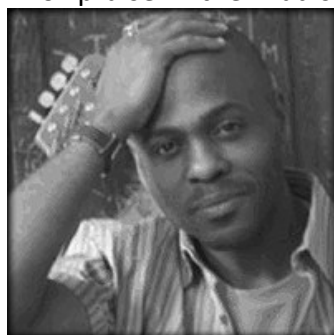
Join in for  
session on  
**Saturday** during  
youth workshops.

FREE!

Registration is suggested  
Come early for lunch!  
\$15

**Aaron Thompson** captivates his audience with heartfelt praise and a contagious spirit! Recently moving from Gilbert, Arizona to Madison, Wisconsin, Aaron's continuing his over 20 year career in music ministry as the **Director of Music Ministry at St. Thomas Aquinas parish**. Relocating Marian, his wife of 17 years, and his 4 children to the frigid Wisconsin climate has been an opportunity for growth, and a new endeavor for Aaron professionally. As amiable as he is spiritual, Aaron's ability to pour his soul into his music connects with an expansive audience of all ages. Aaron studied trumpet performance in college, and has since harnessed his skills on the piano, guitar, and as a vocalist. His 5 albums have had considerable success, and he thoroughly enjoys any opportunity to perform.

Touring worldwide professionally has been an envisioned dream attained, and he is eager to continue his passion for praise in the Madison community. A devout Catholic, Christian, and self-proclaimed family man, **Aaron Thompson** proves to be an inspiration to those around him. Expressing his spirituality through song, his music reflects an earnest desire for worship, a passion for the church, and a heart for ministry.



Keynote Speaker

### Cost & Payment

- The Rally fee is required for everyone registering—youth & adults.
- Substitutions will be allowed until February 26.
- No refunds after February 13.
- Registration will not be available on site.

### Registration (per person)

Youth— until Feb. 13

Quad room—\$140

Triple room – \$160

Double room—\$195

Day only—\$90

Adult— until Feb. 13

Double room —\$140

Single room—\$305

Day only—\$90

Late registration—Available until February 26—above costs plus \$20 per person, t-shirt not guaranteed.

Substitution fee—\$15

## IMPORTANT REGISTRATION INFORMATION...

**January 1**— Online registration open. All registrations must be done online.

Participants register with their parish. Fill out paper registration and turn it into your parish youth ministry program. Parish Youth Ministers/Leaders then go to:

[www.showmyevent.com](http://www.showmyevent.com) and register their group. Each parish is responsible for registering their youth and adults.

Payment is due to the parish. Parishes will then submit payment to the Diocese. **Please contact Kathy Bull for the registration password—719-866-6448 or [kbull@diocs.org](mailto:kbull@diocs.org).**

**Day only registration**—This is available for those who will not be staying overnight at

the Rally.

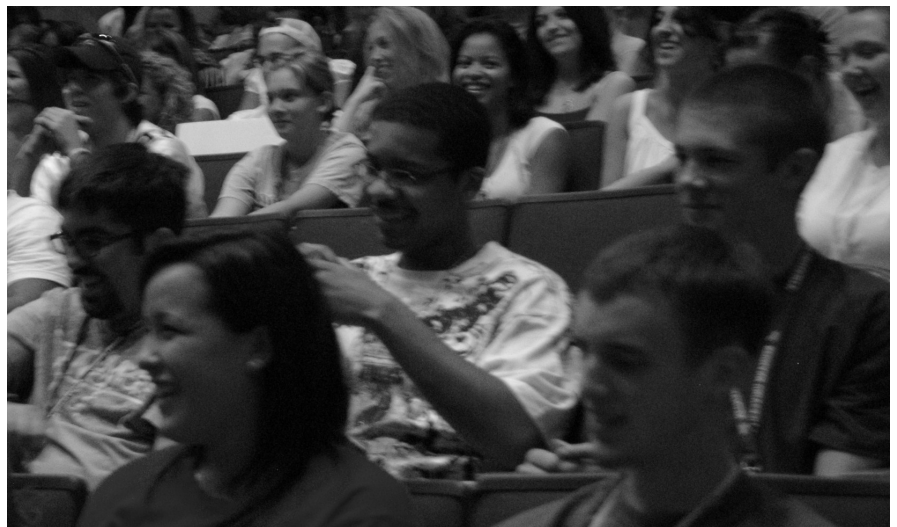
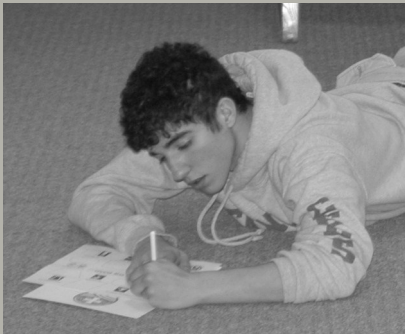
**February 14-26**— Online late registration is open— additional \$20 late fee—t-shirt is not guaranteed. Payment is due to the parish. Parishes will then submit payment to the Diocese.

**Room Assignments**—will be made and approved by the Parish Youth Ministers/ Leaders and Diocesan staff.

**Substitutions**—\$15 fee after February 13. After February 13, only same gender substitutions will be available.

**Refunds**—No refunds after February 13.

**Adults**—All adult registrants must complete the diocesan Safe Environment requirements prior to registration.



## When you arrive....

Check-in is at 6:30-7pm. Parish Youth Ministers/Leaders should pick up their registration materials and be at their assigned table to greet their young people as they arrive. If there are cancellations or changes needed, please do this upon arrival.

## Special needs

Please note any special needs on the section designated in the online registration.



## Some important things to know...

**Nametags:** All participants are to wear their own nametag at all times. We reserve the right to refuse admission to any session to anyone not wearing his or her own nametag.

**Dress Code:** Youth and adults are urged to dress casually for the weekend. Tops must have sleeves; shorts must be at least fingertip length.; pants must not be sagging. Please dress appropriately.

**Housing:** Youth will be housed in rooms with 4 people in them, unless triple or double is selected and paid for. Adults will be housed in double rooms unless single is selected and paid for. Changes in rooming assignments can be done until February 13, with the approval of the parish leader and Diocesan staff. Changes will not be made at the hotel. No one of the opposite gender allowed in rooms together.

**Meals:** Meals included are Saturday breakfast, lunch & dinner, Sunday breakfast. **Please be sure participants have eaten prior to check-in.**

**Code of Conduct:** As applicable by law, the possession and/or use of any drugs, tobacco, alcohol or weapons will not be tolerated at the Rally. Nor will fighting, obscene language or other inappropriate behavior. The distracting or inappropriate use of cell phones and/or camera phones is not permitted. The staff may confiscate such for the duration of the Rally. This applies to all participants, youth and adults. Please be on time for all sessions. You may not leave the Rally during the weekend unless you check out with your parish leader. Playing in the elevator and running in the halls at the hotel will not be tolerated. If necessary, persons abusing the code of conduct will be dismissed from the Rally and sent home at their own expense.

## **Chaperone Guidelines:**

We hope the Rally will be a positive experience for everyone. These guidelines should help make your own ministry as a chaperone and our entire Rally experience enjoyable and safe for all. ALL participants are expected to attend ALL Rally activities.

We require each parish to send at least one (1) adult chaperone for every seven (7) boys or girls under 18 in your group. All chaperones must have fulfilled the Diocese of Colorado Springs Safe Environment requirements.

**BE WITH YOUR GROUP AS MUCH AS POSSIBLE UNLESS YOU ARE ATTENDING YOUR OWN WORKSHOP EXPERIENCE.** During general sessions, liturgy and meals, please sit with your group if possible. During any free time, you are expected to know the whereabouts of your youth.

Please pay close attention to the needs and behavior of the youth entrusted to your care. If a situation arises that requires adult supervision of youth you are not responsible for, please contact that young person's Youth Minister/Leader or the Diocesan Staff. **REMEMBER THAT WE ALL REPRESENT THE CHURCH.** The diocesan staff will assist in whatever way we can, but the **PRIMARY RESPONSIBILITY LAYS WITH THE YOUTH AND THEIR YOUTH MINISTERS AND CHAPERONES AT ALL TIMES.**

You are a role model for these youth. Please present a positive

image by your actions as well as your words. While serving as a chaperone for the Rally, please refrain from all alcohol, tobacco and/or drug use.

If problems arise that cannot be satisfactorily resolved for the good of all by the persons involved, the diocesan staff reserves the right to send participants home before the end of the Rally. Arrangements and expenses for such will be sustained by the individual involved.

We strongly suggest that the Parish Youth Minister/Leader give a list of the youth participants to the chaperones beforehand so they will know who they are responsible for, including directions for whom to contact in case of emergency or other needs.

### **Parking....**

There is sufficient parking at the Colorado Springs Crowne Plaza for all vehicles. All adult participants are discouraged from using their vehicles during the weekend other than for immediate Rally-related transportation. It is the responsibility of each parish to obtain proper driver liability forms required.

For further information or assistance before the Rally, contact your Parish Youth Minister/Leader or the Diocesan Staff.

Make copies of chaperone guidelines for each of your participating chaperones.

**THANK YOU TO OUR CHAPERONES!**

# 2012 HS Rally

**\*\*This schedule is subject to change\*\***

# SCHEDULE

## **Friday, March 2**

6:30-7pm	Check In
7-7:30pm	Gathering
7:30-10pm	General Session
10-10:30pm	Parish Gathering Time
11pm	Lights Out

## **Saturday, March 3**

8-9am	Breakfast
9-10:30am	General Session
10:45-12:00	Workshops
10:30-12noon	Adoration, Benediction, Reconciliation
12:30-1:30pm	Lunch
1:30-2:55pm	Breakout Sessions
3:30-5pm	General Session
6-7pm	Dinner
7-8:45pm	Service Project
9-11pm	Concert or Rec time
11:30pm	Lights out

## **Sunday, March 4**

8-9am	Mass
9:00-10:00am	Breakfast/Pack up/Turn in Keys
10-11:30am	General Session and Closing

## Youth Registration Form

<b>First Name:</b>	<b>Last Name:</b>
<b>Address:</b>	<b>City, State, Zip:</b>
<b>Phone number:</b>	<b>Email:</b>
<b>Parent(s) Name:</b>	<b>Contact Number:</b>
<b>Parish:</b>	<b>Grade:</b> 9 10 11 12
<b>Gender:</b> Male Female	<b>Shirt Size:</b> Adult Small Medium Large XLarge XXLarge
<b>Roommate Preference:</b>	<b>1.</b>
<b>2.</b>	<b>3.</b>
<b>Special Needs:</b>	
<b>Emergency Contact Name:</b>	
<b>Emergency Contact Number:</b>	
<b>Fees: (please circle applicable)</b>	
Quad— \$140 Triple—\$160 Double—\$195 Day only—\$90	Late Fee—\$20 Substitution Fee—\$15  Total Due: _____

To complete your registration: return this sheet, your activity release/permission slip and the fee to the **YOUTH MINISTER AT THE PARISH.**

**PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's name: \_\_\_\_\_

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

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

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_  
Parent or guardian's name Child's name

to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from \_\_\_\_\_  
Name of parish

A brief description of the activity follows:

Type of event: \_\_\_\_\_

Date of event: \_\_\_\_\_

Destination of event: \_\_\_\_\_

Individual in charge: \_\_\_\_\_

Estimated time of departure and return: \_\_\_\_\_

Mode of transportation to and from event: \_\_\_\_\_

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend \_\_\_\_\_, its officers, directors, employees  
Name of Parish

and agents, and the Arch/Diocese of \_\_\_\_\_, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Arch/Diocese of \_\_\_\_\_, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

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

**MEDICAL MATTERS:** 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. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

*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 above numbers, contact:

Name & relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Other Medical Treatment:* In the event it comes to the attention of the parish, its officers, directors and agents, and the Arch/Diocese of \_\_\_\_\_, chaperons, 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: \_\_\_\_\_ Date: \_\_\_\_\_

*Medications:* 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: \_\_\_\_\_

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: \_\_\_\_\_

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

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

*Specific 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, bedwetting, fainting? \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

## **Adult Registration Form**

<b>First Name:</b>	<b>Last Name:</b>
<b>Address:</b>	<b>City, State, Zip:</b>
<b>Phone number:</b>	<b>Email:</b>
<b>Parish:</b>	
<b>Gender:</b> Male            Female	<b>Shirt Size:</b> Adult Small   Medium   Large   XLarge   XXLarge
<b>Roommate Preference:</b>	
<b>Special Needs:</b>	
<b>Emergency Contact Name:</b>	
<b>Emergency Contact Number:</b>	
<b>Fees: (please circle applicable)</b>	
Double—\$140 Single—\$305 Day only—\$90	Late Fee—\$20 Substitution Fee—\$15  Total Due: _____

To complete your registration: return this sheet, and the fee to the **YOUTH MINISTER AT THE PARISH.**

## **Parent Track Registration Form**

<b>First Name:</b>	<b>Last Name:</b>
<b>Address:</b>	<b>City, State, Zip:</b>
<b>Phone number:</b>	<b>Email:</b>
<b>Parish:</b>	
<b>Gender:</b> Male            Female	
<b>Attending: (Please circle) - no charge</b>	
Parent Track—1:30-2:55pm	
<b>Fees: (please circle applicable)</b>	
Lunch—\$15 Total Due: _____	

To complete your registration: return this sheet and any fees to the **YOUTH MINISTER AT THE PARISH.**



**For more information, please contact:**

**Michelle Maher**  
**[michelle@diocs.org](mailto:michelle@diocs.org)**  
**719-866-6449**

**Or**

**Kathy Bull**  
**[kbull@diocs.org](mailto:kbull@diocs.org)**  
**719-866-6448**

**OR CONTACT YOUR PARISH YOUTH MINISTER**