

"HERE I AM LORD!"

ACTS Youth Ministry's 8TH ANNUAL EASTER VIGIL LOCK-IN

When: Saturday April 20th

Time: 9:30 pm - 7:30 am*

Where: St. Richard Parish (Vogel Hall) 1509 Grand Avenue
with procession to lakefront for Mass in Front of DeKoven
Center (21st and Wisconsin Avenue)

Cost: \$15



On Holy Saturday, **April 20th** there will be an opportunity for teens in grades 6 thru 12 from Racine area parishes to participate in a unique experience. This is a chance for young people to explore more deeply what they believe in light of their Catholic faith.

Students will meet at St. Richard Parish (Vogel Hall) between 9:30pm - 10:30pm - for a night of supervised activities including fellowship, games, various prayer experiences.

We will provide pizza and beverages, but we ask participants to bring snacks (chips, cookies, fruit) to share with others.

The vigil will end with an **Easter sunrise Mass** held at the lakefront (across the street from the DeKoven Center). The teens will process together to the lakefront at 5:20am (according to the Farmers Almanac sunrise will be at 6:01am on Easter morning).

Everyone is invited to attend the Mass.

Participants must be picked up no later than 7:30am at the Mass site.



OVER →

What you need to bring

- Comfortable clothes including some kind of jacket (it might be cold down by the lake)
- Sleeping bag or blanket
- Pillow
- Toothbrush / washcloth & small hand towel
- Comb / brush
- Snacks to share
- Medicine (inhalers, other prescribed medication) Chaperones will dispense to student.
- Musical instrument – if you would like to bring one.

The most important thing you can bring is a good and positive attitude and an open heart.
This event can change your life!



ACTS
Active Catholic Teens in Service

For more information, please call Eloy Contreras, ACTS Youth Ministry Coordinator:

262-898-5666



PARENT/GUARDIAN PERMISSION SLIP FOR EXTENDED DAY/OVERNIGHT FIELD TRIP

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| NAME OF STUDENT: | |
| NAME OF PARENT/GUARDIAN: | PHONE: |
| NAME OF PARENT/GUARDIAN: | PHONE: |

TRIP INFORMATION

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| PARISH/SCHOOL: ACTS Youth Ministry | DATE(S) OF TRIP: SATURDAY APRIL 20-SUNDAY APRIL 21 |
| DESIGNATED TEACHER/SUPERVISOR: ELOY CONTRERAS/GABRIELA CABRERA | PHONE: 262.898.5666 |
| DESTINATION: EASTER VIGIL LOCK IN AT ST. RICHARD 1509 GRAND AVE | |
| ACTIVITIES: (A SEPARATE DETAILED ITINERARY AND PARENT CONSENT MUST BE PROVIDED FOR HIGH RISK ACTIVITIES.) TEENS WILL MEET FOR AN EVENING OF PRAYER, ADORATION, GAMES AND REFLECTION | |
| MODE OF TRANSPORTATION TO AND FROM EVENT: YOUR OWN | |
| DEPARTURE DATE/TIME: 9:30PM AT ST. RICHARD ON 4/20 | RETURN DATE/TIME: 7:30AM AT DEKOVEN CENTER ON 4/21 |
| STUDENT COST (IF APPLICABLE): \$15 | RETURN FORM BY: APRIL 14 |
| ITEMS STUDENTS SHOULD BRING (IF ANY): SEE BACK SIDE | T-SHIRT SIZE SELECT ONLY ONE SMALL MEDIUM LARGE XLARGE 2XLARGE 3XLARGE |

Parent Consent to Participate and Indemnity Agreement:

In consideration for my child/ward's participation, I agree to reimburse and indemnify the parish/school for all reasonable legal and court fees incurred by parish/school in defending a lawsuit that I or my child/ward may bring against the parish/school which relates to the above named activity if the parish/school is found not legally liable by the courts and prevails in the lawsuit. If the parish/school is found legally liable for injuries sustained by child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the parish/school to clarify any concerns or questions about the activity or this agreement that I may have had.

I have read the information above and give consent for my child to participate in all aspects of this field trip:

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| PARENT/GUARDIAN SIGNATURE: | DATE: |
| <input type="checkbox"/> YES, I AM AVAILABLE TO CHAPERONE. I CAN BE REACHED AT | |

PAGE TWO: EXTENDED DAY/OVERNIGHT FIELD TRIP MEDICAL RELEASE:

Emergency Medical Treatment: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

If you are unable to reach a parent/guardian at the above numbers, contact:

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| ALTERNATE CONTACT NAME: | | PHONE: |
| PHYSICIAN'S NAME: | | PHONE: |
| NAME OF MEDICAL INSURANCE: | POLICY #: | |
| PERTINENT MEDICAL CONDITIONS, INCLUDING ALLERGIES AND SPECIAL DIETARY NEEDS: | | |

Other Medical Treatment: In the event that the child becomes ill with symptoms such as headache, vomiting, sore throat, fever, or diarrhea, do you grant permission for supervisors to give your child non-prescription medication, such as acetaminophen, throat lozenges, cough syrup, or antacid?

Yes No, I wish to be contacted first.

Medications: List all medications, prescription and over-the-counter, that the student currently takes at home and during the school day. Include all as-needed and emergency medications. Medications not authorized for self-carry must be in original container and given to the designated supervisor.

| MEDICATION: | DOSAGE: | ROUTE: HOW GIVEN: | FREQUENCY: | START DATE: | STOP DATE: | SIDE EFFECTS: |
|-------------|---------|-------------------|------------|-------------|------------|---------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |

MEDICAL PROVIDER CONSENT: REQUIRED FOR PRESCRIPTION MEDICATIONS LISTED ABOVE.

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| I Authorize the School/Parish to Give the Above Prescription Medication(S) to this Student. | |
| PRINT MEDICAL PROVIDER NAME: | PHONE: |
| MEDICAL PROVIDER SIGNATURE: | DATE: |
| Inhaler and Epi-Pen Only: This student and his/her parents have been instructed in self-administration and the student may carry an inhaler or Epi-Pen and self-administer. Yes <input type="checkbox"/> No <input type="checkbox"/> | |

PARENT CONSENT FOR MEDICAL TREATMENT AND ADMINISTRATION OF MEDICATION

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| 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. I give the school/parish permission for emergency and other medical treatment, including the administration of the above prescription and non-prescription medication(s). | |
| PARENT/GUARDIAN SIGNATURE: | DATE: |
| Inhaler/Epi-Pen Only: My child may <input type="checkbox"/> or may not <input type="checkbox"/> carry and self-administer. | |