

SONIC MISSION WEEK 2010



St. Paul's Youth Ministry invite
High School Students to a
week of service in Illinois:
Serving Our Neighbors In Charity

July 26-30

Total of \$100 w/Form

DUE July 13



What a great way to spend some of the summer -
helping those less fortunate in Illinois.

Cost includes most food, t-shirt,
transportation and shelter for the week!

Contact Jeremy Hylka at the
Youth Ministry Office to sign up...

Permission Form

REQUIRED along with money!

FIRST COME FIRST SERVE -

LIMITED SPOTS OPEN!!!



#815-730-8599 stpaulsyouth@sbcglobal.net

SONIC MISSION WEEK 2010



The week includes work/stops at:

- Feed My Starving Children
- Planned Parenthood Rosary -
 - Hour of Prayer
- Daybreak
- Mission Speaker
- Sunny Hill Nursing Home
- Passion Shrine in Indiana
- Special Band Night
- Our Lady of the Angels in Chicago
- Chicago Food Depository
- Local Illinois Charities
- Daily Mass at St. Paul's and in Chicago
- Final Dinner at SONIC Restaurant

Join us for **S.O.N.I.C. 2010**

7:00am Gathering Monday morning
at St. Paul's Activity Center and
7:30pm Pick-up Friday evening





ST. PAUL'S YOUTH MINISTRY PERMISSION FORM

General Permission:

I request that my child _____
be allowed to participate in the following event:

SONIC Mission Week to various sites to/from Joliet via Automobiles

Monday, July 26 at 7:00am to Friday, July 30, 2010 at 7:30pm

I hereby release and indemnify St. Paul the Apostle Church and Youth Ministry, Joliet, Illinois, its staff, volunteers, and the Joliet Diocese from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this activity/event.

Videotaping and Still Photography:

Videotaping and still photographs will be taken during this event. Event registration constitutes permission for possible participation in the videotaping and still photographs. These may be used for future promotional efforts and on our youth ministry website.

Code of Behavior:

You, the participant, are representing St. Paul's during this event, and we expect you will represent us well. We expect that you will display mature and responsible behavior.

Some specific expectations:

- † All participants are expected to be on time.
- † All participants are expected to demonstrate common courtesy and respect at all times.
Inappropriate language/behavior will not be tolerated.
- † Socializing should always be done in public areas.
- † Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
- † The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug by an individual is not permitted.
- † Smoking is not permitted.
- † Weapons and/or drug paraphernalia are not allowed.
- † If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
- † Infraction of these rules can mean immediate dismissal with no refund.
Participants will be responsible to local authorities as well.

I understand and agree to this Behavior Code. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved. If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Teen signature _____ Date: _____

Teen email _____

Parent/Guardian signature _____ Date: _____

Parent/Guardian email _____

Medical Permission:

I grant permission for the administration of First Aid to _____ by the people in charge of the event and those transporting my child to and from the program, as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accident of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except where delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery, if deemed necessary for my child.

PRINT name of youth _____ Birth date _____

Allergic to medications/other? No _____ Yes _____ What _____

Medications presently taking _____

Insurance information:

Policy in the name of _____

Insurance Company _____

Policy number _____

Identification Number and/or Social Security Number _____

Authorized Physician _____ Phone: () _____

Signature of Parent/Guardian _____

PRINT Name of Parent/Guardian _____

Home Address _____

City/State/Zip _____

Home phone () _____ Emergency phone () _____

Today's Date _____

T-SHIRT SIZE _____