

# Youth Summit on October 25, 2015

**WHAT IS IT**--- As we experienced last year, this promises to be a high-impact spiritual experience for the youth of our diocese. Bishop Malloy will offer Sunday Mass as well as host a Question-and-Answer session with the teens. Confessions will be available, along with Adoration, inspirational talks and music. The cost for all teens is \$25 and \$15 for chaperones which includes lunch and a T-shirt for both teens and chaperones.

**REGISTRATION DEADLINE**-- Please register no later than Thursday October 1<sup>st</sup>

**For office use only-**

Child's name-----parents name-----

(Paid in full) yes-/no

(All information provided by parent) yes-/no

**Cut on the line below keep the bottom half, turn-in the top half to St. Thomas by October 1<sup>st</sup>**

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## **Youth Summit Event Summary**

**COST**-----The cost for all teens for the day is \$25- chaperones \$15 please make checks payable to "St. Thomas Catholic Church" cash is acceptable as well

**WHO**----- for all teens in grades 8 through 12

**WHEN**----- Sunday, October 25<sup>th</sup>

**WHERE**-----Rock Valley College---3301 North Mulford Road. Rockford, IL 61114

**TIME**-----9:00 a.m. To 5:00 p.m. ---The bus will be departing from St. Thomas Church parking lot for this event on Sunday, October 25<sup>th</sup> @ 7:45am. Pick-up at St.Thomas parking lot @6:30pm

## **For More Information please contact**

Emarc Malavolti (815-766-1732) Youth Director

Father Anderson (Pastor)/St Thomas Catholic Church (815-232-3225)

**\*See reverse side please date and sign and turn into St Thomas church no later than October 1<sup>st</sup> \***

**Parental Permission Form and Authorization to Administer Medical Aid**

**Childs Name (s)** -----age-----, -----grade-----, ---  
School: -----Parish-----

**Emergency Information**---Name of Parents/Guardian-----

Parents/Guardian's Address-----

**Parents/Guardians Phone:** Cell-----Work-----Home-----

Specify any Allergies-----Medication(s)-----

**Emergency Contact 1**-----Tel No. :-----

Emergency Contact 2-----Tel No. :-----

*I hereby give permission for (child) -----  
to attend the Youth Summit. I understand that the church staff will use their best efforts to supervise;  
however, I also understand the church staff are not responsible for loss of personal property or bodily  
injury. If I cannot be reached at the time of an emergency and if treatment is urgent in the judgment of  
the church staff and medical authorities, I authorize and direct the church staff members present to send  
my child (properly accompanied) to the hospital or the most easily accessible medical facility. I  
understand that I will assume full responsibility for the payment of any services rendered.*

Signature of Parent/ Guardian: -----date-----

**T-Shirt size (circle one)** -----small-----medium-----large-----extra-large-----2XL---3XL----4XL