

YOUTH AND FAMILY EXPLOSION

SUNDAY

December 3rd

Guest speaker and musician

JESSE MANIBUSAN

Tickets are \$5 per person,
\$25 per family or \$4 per
person if attending with a
youth group

YOUTHEXPLOSIONCT.WEEBLY.COM

1PM

MERCY HIGH SCHOOL
MIDDLETOWN



Family And Youth Explosion

December 3, 2023

Group Registration – Due by 11/2/23 for \$4 fee

This event is first come, first reserved!

Church Name: _____

Leader Contact Info below:

Name _____

Address: _____

Phone: _____ Email _____

Number of tickets requested for youth participants a. _____

Number of tickets requested for chaperones b. _____

List of chaperones must be sent to: Norwich Diocesan Office of Safe Environments before 11/2/23

Total attending Youth Explosion c. _____

(Add Line a. and b.)

***Fee for Youth Explosion**

(Multiply line c. times \$4) d. \$ _____

Total fee enclosed	\$ _____
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Make group check payable to ACA

All tickets are non-refundable – AFTER 11/2/23 all tickets are \$5 - FIRM

For more information, contact Liza Roach, OFE at (860)848-2237 x305

lroach@norwichdiocese.net

Please send this form with one check per group payable to “ACA” mail to:

Liza Roach

Office of Faith Events

199 Broadway

Norwich, CT 06360

**Diocese of Norwich Youth Events
Verification Form
for Adults from Other Dioceses**

I, _____, Safe Environment/Compliance Coordinator for the (Arch) Diocese of _____, hereby notify the Diocese of Norwich, Connecticut that each adult listed below has been background checked and cleared in accordance with the policies of our (Arch) Diocese under the “*Charter for the Protection of Children and Young People*” as set forth by the United States Conference of Catholic Bishops. I understand that no adult (anyone 18 years and older, and not in high school) will be permitted to chaperone at any event that has not been cleared by this office and is listed on this declaration. Please notate next to his/her name if not screened and/or trained.

A Diocese of Norwich representative will verify names before you are allowed entry to the event. Please bring a valid government –issued picture ID.

Please print clearly the adult’s name below.

Name of Event: Diocese of Norwich, Family and Youth Explosion

Scheduled Event Date: December 3, 2023

Please send this to your Compliance Coordinator of your (Arch) Diocese as soon as possible. No adults will be able to participate in the conference until this compliance form is completed for all adults (anyone 18 years and older, and not in high school). Your registration packets will not be complete until all adults have been cleared by your Compliance Coordinator from your (Arch) Dioceses. If you have further questions please feel free to call the Diocese of Norwich, Office for Safe Environments at (860) 848-2237 ext. 212 -or- OSE@norwichdiocese.net

Signature of (Arch) Diocese Coordinator of Safe Environments/Compliance Date

Phone Number E-mail

This form must be received by Office of Safe Environments by November 2, 2023. OSE (860) 848-2237 x212

Please return to - OSE 199 Broadway, Norwich, CT 06360 -or- FAX to (860) 848-2816
-or- email: ose@norwichdiocese.net

Procedures for Ensuring Compliance with the Office for Safe Environments (OSE) at Youth And Family Explosion XII

ALL CHAPERONE NAMES MUST BE SENT IN TO THE OFFICE FOR SAFE ENVIRONMENTS BY NOVEMBER 2, 2023 FOR YOUTH AND FAMILY EXPLOSION.

Please provide a copy of this sheet to all adult chaperones attending the YOUTH AND FAMILY EXPLOSION-

To allow for quicker admittance, we ask that ALL Chaperoning Adults participating MUST PRESENT the following item:

Government issued Photo ID

Procedure for check in of Adult Chaperones at YOUTH AND FAMILY EXPLOSION.

1. *All Adults will check-in at registration table.*
2. *Each adult must show a government issued photo ID.*
3. *A Chaperone who has not successfully completed the Diocesan Certification for working with children will not be able to be a chaperone at this event:*
4. *A Chaperone who is Certified will:*
 - a. *Wear the same color as the youth of his or her group.*
 - b. *If this adult is the group leader, they will receive a verbal “OK” to pick up the group’s packet.*
5. *There must be 1 chaperone for every 10 youth with a minimum of 2 chaperones for 10 young people.*

ALL YOUTH WILL WEAR A WRISTBAND AS REGISTRATION FOR THE EVENT.

*Doors will NOT open before 12:30 a.m. at Mercy High School
Event begins at 1:00 p.m. and concludes at 4:00 p.m.*

Parental/Guardian Consent Form/Liability Waiver For Diocese of Norwich **FAMILY AND YOUTH EXPLOSION**

Participant's Name _____ Age _____ Grade ____ Gender ____

Participant's Email _____ Cell number _____

Parent/Guardian Name _____

Street Address/City/State/Zip _____

Parent/Guardian Phone (home) _____ (cell) _____

I give permission for my son/daughter _____ to attend and participate in the **Family and Youth Explosion** at Mercy High School in Middletown, CT on December 3, 2023. This activity will take place under the guidance and direction of employees and/or volunteers from the Roman Catholic DIOCESE OF NORWICH and _____ (Your Parish). Youth are expected to stay until the end of event –if leaving early, one MUST have parent/guardian permission.

Family and Youth Explosion
December 3, 2023
Mercy High School, Middletown
Doors open at 12:30 p.m.
Event is from 1:00 p.m. to 4:00 p.m.

Make checks payable to _____
(Your Parish or School when attending with group.)

Registration Fee - \$4 _____

Total Fee Enclosed _____

Adult Coordinator _____

Return this form to your group leader.

Liza Roach Office of Faith Events
199 Broadwav. Norwich 06360

While youth are responsible for their own behavior, as parent and/or legal guardian, I remain legally liable for any actions or damages made by the above named minor. I am aware that I will be called if my child has to be sent home. I agree on behalf of myself, my child named herein, our heirs, successors, and assigns to hold harmless and defend the Roman Catholic Diocese of Norwich, and parish/school named above, and their officers, directors, agents, employees, representatives associated with this event from any and all liability claims, loss or damage arising from or in connection with my child attending this event or in connection with any illness or injury or cost of medical treatment in connection therewith. I agree to compensate the above entities for reasonable attorney fees and expenses arising in connection therewith. 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. In the event of an emergency and I cannot be reached, I hereby give permission to transport my child to a hospital or medical facility and to seek medical attention. In signing below, I understand that the Family and Youth Explosion payment is a revocable, and non-transferable credential. Payment entitles the named bearer to enter only those Youth Explosion

event/sites and areas therein as appropriate. Presence in unauthorized areas will serve as grounds for suspension or termination of access/privileges. By use hereof, the bearer voluntarily assumes all risks and dangers incidental to the events and activities for which this credential is issued, whether occurring prior to, during or after same, and agrees that the Diocese of Norwich and its agents, staff and volunteers are not responsible or liable for injuries or damage suffered by the bearer resulting from or arising out of such activities; and consents to a reasonable search of carry-in items and/or his or her person for security reasons, if deemed necessary by the **Family and Youth Explosion** staff or law enforcement agencies. Failure to comply with the above conditions may result in non-admission and/or confiscation hereof. I grant the Diocese of Norwich my consent without reservation to use, assign, convey, reproduce, copyright, publish my/my child's name, voice, image, and/or likeness that arises from his/her participation in the Event, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at the sole discretion of the Diocese of Norwich. Payment is non-refundable.

Emergency contact: Name _____ Relationship _____ Phone _____

Doctor: Name _____ (phone) _____

Insurance Company _____ Employer _____ Group # _____

Subscriber name _____ Subscriber # _____

Allergies: (medication, foods, etc) _____ Medications currently taking that may affect treatment: (name/dosage) _____ You should also be aware of these special medical/physical/ mental conditions of my child: special diet (I agree that the **Youth Explosion** cannot be responsible for any special dietary needs that my child may have, nose bleeds, recent injuries, exposure to contagious diseases, etc.):

Parent/Guardian Signature _____ Date _____

Youth Participant Signature _____ Date _____