

Adult leaders are needed to make the youth rally run smoothly!

- I would like to chaperone the whole event.
- I would like to chaperone for part of the event.
- I will keep the group in my prayers.

Signature

Phone (if interested in chaperoning)

If you have any questions please contact
your parish youth minister:

*This event is brought to you by CRAYM®,
where youth ministers unite to serve God and youth!*



A Guide to Heaven



Middle School Youth Rally

Sunday, October 2, 2011

1:00PM - 6:00PM

La Salle Middle School

Middle School Youth Rally

Sunday, October 2nd at 1:00pm

La Salle Middle School
3700 1st Avenue Northwest
Cedar Rapids, IA 52405

Rally includes keynote,
entertainment, Liturgy, and a dance.

Doors open at 12:30pm. (Please do not arrive early)

Rally begins at 1:00pm sharp

The rally ends at 6:00 pm.

(Please have your ride waiting for you)

You must register for the rally by **September 23rd**

There will be NO WALK-IN Registrations!

Cost is \$15 - NO Refunds!

Please make checks payable to:
Archdiocesan Deposit and Loan

Come join musical guest *Breath of Soul* as
they guide us UP to an afternoon of faith,
fellowship and fun!

RETURN FORMS BY SEPT. 23

St. Jude Parish
Erin Roberts
50 Edgewood Rd NW
Cedar Rapids, IA 52405

Cedar Rapids Area Middle School Youth Rally Permission Form

Date: October 2, 2012

Person in Charge: CRAYM

Grades: 6th-8th

Cost of the Event: \$15

Participant Name _____ Grade _____
Address _____ Phone _____
School _____ Parish _____

Section 1 - By signing this section, I (parent/guardian) certify that I request and give my permission for _____

(name of student/participant)

to attend this event. Further, I have previously completed the *Annual Parental/Guardian Consent Form and Liability Waiver* and agree to the conditions as set forth.

Parent/Guardian Signature: _____ Date: _____

Contact Phone number(s) _____

Section 2 - Nonprescription Medication Permission - By signing this section, I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child.

Parent/Guardian Signature: _____ Date: _____

Section 3 - Please list (continue on reverse side if needed) any medical information important for the adult in charge to know and/or any changes in this child's medical condition or emergency contact information since the completion of the *Annual Parental/Guardian Consent Form and Liability Waiver*.

Archdiocesan Policy 5141 covers the administration of prescription medication; contact the program administrator for additional information.

Supervisor's Signature Sarah White
(Principal, C/DRE, Youth Director, Pastor, etc.)

This is the only permission slip that will be accepted for this event