Registration Process '18 - '19:

- Fill out, sign and date the INFO/Medical Form

OR - if you already have an INFO/Medical Form on file in the Youth Ministry Office, only
Update what has changed since you last filled it out.
(on the Info/Medical Form provided)

Also Complete and turn in:

- 'ON-GOING BYG/CONF ACTIVITY FORM' '18 - '19
  *If you have already completed one for Confirmation, skip this step.

- 'EDUCATION INFORMATION and PARENT VOLUNTEER FORM ‘18 - ’19
- Turn in forms at church, by mail or at the 1st meeting on Sept. 30
- Go on line to "Sign-up Genius" to help out with 1 or 2 meals a year

Read and keep at home:

- 'POLICIES and PARENT INFORMATION ‘18-'19'
  *Youth Ministry Calendar with details for BYG meetings, social and service events

Updates and more information communicated throughout the year by email and in the bulletin.
(the Bulletin is on line at bellarmine.org at the top under 'Worship' the 1st entree is Bulletin)

BYG - Youth Group meeting are held regularly on *Sundays from 4:30 - 6:45pm

- Pay fees $$ only when your son/daughter elects to participate in special events with costs
Name ___________________________ male or female
Youth last formal-first middle name commonly used
address ___________________________ birth date: ________________
      street      city      zip
ten’s e-mail ___________________________ family home phone: ___________________________
ten’s cell phone: ___________________________ T-Shirt Size ___________________________
Sacraments received: _______Baptism _______Reconciliation _______Eucharist _______Confirmation
Year of High School Graduation 20____
Student’s School ___________________________ Current Grade (circle one) 7th 8th 9th 10th 11th 12th
Student’s Medical Information: Doctor /Med Asso. ___________________________ Phone ________________
Allergies ___________________________ Last Tetanus shot ___________________________
Medications ___________________________
Chronic Conditions (e.g. epilepsy, diabetes, ADHD) ___________________________
☐ If requested, my child may be given these non-prescription products (circle each approved):
      Tylenol        Advil        Tums        Pepto-Bismol        Other ___________________________ OR
☐ NO MEDICATION of any type may be given to my child unless the situation is life threatening
      and emergency treatment is required.
Insurance Information: Member’s Name ___________________________ Phone (cl) ___________________________
Medical Insurance Co. ___________________________ *Member’s Soc. Sec. # ___________________________
and * Birth date ___________________________
Group# ___________________________ Plan# ___________________________ I.D.# ___________________________
* Youth’s Soc. Sec # ___________________________ * Social Security numbers are optional. Please note that
some hospitals WILL NOT treat your son/daughter without them or the birth date of the insured.
Insured’s place of Employment ___________________________ zip ___________________________
Which parent/guardian should be contacted with questions/opportunities for your son/daughter? ___Mom     ___Dad     ___Either
Name ___________________________ cell # ___________________________ alt# ___________________________
  Mother / Guardian       last first
  e-mail ___________________________ e-mail ___________________________
  Mother’s                  Father’s
de-Name ___________________________ cell # ___________________________ alt # ___________________________
  Father / Guardian       last first
EITHER PARENT’S ADDRESS or HOME PHONE IF DIFFERENT FROM THE TEENS:
_________________________________________________________
Phone ___________________________
Alternative Emergency contact ____________________________________________
           name ___________________________ relationship to youth
           address ___________________________ cell, ___________________________ alternate phone
REGISTRATION
Register for BYG by completing and turning in the attached forms. Forms can be mailed to: Bellarmine Chapel 3800 Victory Pky Cincinnati OH 45207 Attn: Sue Antoinette, or dropped off at the Chapel in the brass mailbox next to the office door. Registration Forms are also available pre-printed at the Youth INFO Table in the Narthex.

* SCHEDULE AND LOCATION
BYG, High School youth group meetings begin Sunday, Sept. 30 *4:00 - 6:45pm. XU Sand Volleyball Courts Usual meeting space: 1st floor of the McDonald Memorial Library. Meetings will have large group presentations, video sessions, & small group breakout sessions. We meet weekly for 3-5 week blocks, followed by a social or service event. There will usually be one Sunday off before the next 3-5 week series begins. See enclosed schedule. Any up-dates or changes will be sent out by email, published in the bulletin, and available at the Teen INFO Table in the Narthex. Please put these important dates on your family calendar, so the teens don’t miss out.

2018/19 Sunday dates are: Sept. 30, *4:00 @ XU Sand Volleyball Courts, Oct. 7, 14, 21, Oct. 28 Halloween Event, Nov. 11,18 Dec. 2, 9, Dec. 16, Supper and Study Slam. Jan. 6 *2:30 Teaching Mass, Jan. 13, 20, Ski Trip Jan. 27, February 10, 17, 24, March 3, 10 Retreat Mar. 16/17, April 7, 14, *FRIDAY, May 3, *5:30pm Dinner, 7:00 Games, Swimming and Sports Event, Blessing on Seniors H.S. Class ‘19 combined high school and jr high

* DINNER SUPPORT
Each family is asked to bring dinner for the whole group once a year solo, or twice a year with another family. Sign-up for food support will be set up by email with Sign-up Genius’. We ask that families sign-up as soon as possible so leaders can focus on lesson preparation. It is most helpful if you can try to fill up dates from the 1st semester as soon as possible. Contact information for all families will be provided there. When you bring the food, you can temporarily park in the Bellarmine circle. Use the rolling cart which is available in the Narthex of the Chapel.

DROP OFF / PICK UP and PARKING
The closest drop off place is either University Dr. or the Circle Drive in front Bellarmine Chapel. For parking, University Drive and Schott Hall are the closest. See Map. If you find you need to expand to the other lots, please ask Sue for a parking sticker for your vehicle. Please DO NOT PARK for an extended length of time in the Circle drive in front of Chapel.

* FEES:
BYG is sponsored by the parish. We ask each family to provide 1 –2 dinner(s) a year. Parishioners and their guests are asked to pay appropriate fees for the individual special events they participate in. However, if paying a fee is difficult, please contact Sue Antoinette so arrangements can be made to reduce or waive the fee.

RESOURCES and MATERIALS:
Our BYG volunteer leaders present a series of topics formulated by the needs and interests of our families and the observed catechetical needs of our teens. Leaders facilitate large and small group discussions. Resources include: the Bible and commentaries and lectionary links, DVDs, CDs and resources from our extensive Youth Ministry Library as well as the internet. We are open to occasionally modifying our schedule as important local or world events take place or teens / parents bring topics to our attention.

* INCLEMENT WEATHER – Call or Text 513 289-6457
If it is necessary to cancel a meeting due to inclement weather, a decision will be made by 12:00 noon on the day of the meeting. An email will be sent out to parents and you can call or text Sue on her cell phone at 513 289-6457. Please make note of that number so you can call for information when you need.

SPECIAL NEEDS:
If your teen has any special needs - food allergy, illness, learning disability, etc., or if some other circumstances might affect his/her participation please let us know. We wish to provide a safe, as well as an effective, learning environment for each participant.

TO CONTACT the Youth Ministry Offices: Call 513745-4224
Sue Antoinette, Director of Youth Ministry, antoinette@xavier.edu, 513 289-6457 cl and Chris Potter-Wroblewski, Youth Ministry Assistant, potter@xavier.edu 513 646-2008 cl
BYG and Confirmation Formation On-Going Activity Form

Church: Bellarmine Chapel  Programs/Groups: BYG & Confirmation

Starting Date: Sept. 30, 2018  Ending Date: May 3, 2019

Usual Location: BYG: McDonald Memoral Library 1st Floor. We may also gather in the O’Connor Sports Center, Arrupe Overlook and various venues on XU’s Campus

Usual Time: 4:30pm - 6:45;  Jan. 6/2019 Special Event starts at 2:30-5:00 in Chapel

Routine Activities: Faith discussions, prayer, dinner, group games and activities.

Group Leaders:  Sue Antoinette Office #: 513 745-4224  Cell#: 513-289-6457
Chris Potter-Wroblewski  Cell#: 513-646-2008

Archdiocese of Cincinnati - Permission, Release and Medical Power of Attorney

1. I, the undersigned, do hereby release from all liability and indemnify the Archbishop of Cincinnati both individually and as trustee for the Archdiocese of Cincinnati, and all parishes within the Archdiocese, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorney fees, arising out of any injury or illness incurred by the undersigned and/or participant while participating in or traveling to or from above named event. And further agree not to bring or prosecute or allow to be brought or prosecuted (including but not limited to prosecution through subrogation) in my name, or on behalf of the participant, any claims, lawsuits or actions against the Archbishop, the Archdiocese, and their officers, agents, representatives, volunteers and employees.

2. I further understand that my (or my child’s) participation is purely voluntary and is a privilege and not a right, and that I (or my child and I on behalf of my child) elect to participate in spite of the risks.

3. I agree (or if participant is under 18, agree to instruct my child) to cooperate with the Archbishop or his agents in charge of this activity. Should it be necessary for me or my child to return home, whether through disciplinary, medical or other reasons as deemed at the sole discretion of the representatives of the Archdiocese, I agree to assume any and all related transportation expenses.

4. I appoint the Archbishop or his agents acting as leaders of the activity as my attorney in fact to act for me in my name and on my behalf, with respect to the following matters if any injury, illness of medical emergency occurs during the activity or related travel:
   (i) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our representative shall deem necessary or appropriate for my best interest, or that of my child.
   (ii) I understand that the agents of the Archbishop will make a reasonable attempt to contact the listed emergency contact as soon as possible in the event of a medical emergency.

5. This power of attorney shall not be affected by my disability, incapacity or adjudicated incompetency (or that of my child), but shall lapse automatically upon completion of above event and related travel. The release and indemnification shall survive the completion of all activities.

6. I agree that the Archbishop or his agents, including local parishes, may use my (and/or my child’s) photograph for promotional purposes, website and office functions, and hereby release the Archbishop and his agents from any liability resulting from such use.

7. I agree that the Archbishop or his agents are not and shall not be responsible for assuring that I or my child take any medications, prescription or otherwise, which are indicated on the medical information form for myself (or my child’s)

8. This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Medical Power of Attorney shall be effective and binding upon me and/or my child, and my own and/or my child’s personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Participant Name: __________________________  Parish/School: __________________________  Gender: M  F

Age: ______  Address: __________________________  City/State/Zip: __________________________

If participant is 18 years of age or older this is required:
Signature of participant _______________  Date: _______________

*If participant is under 18 years of age this is required:
Signature of Parent or Legal Guardian: __________________________  Date: _______________

Name: __________________________  Phone: (cell) _______________ (home) _______________

Alternative Emergency Contact __________________________  Phone: (cell) _______________ (home) _______________
HIGH SCHOOL YOUTH MINISTRY / ‘BYG’ Bellarmine Youth Group

EDUCATION INFORMATION and PARENT VOLUNTEER FORM ‘18 - ’19

Name of Teen ______________________________ (Parent’s /Guardians’ Family Name if Different)

Please, share any information, about your son/daughter, that will help us communicate with him/her more effectively.

Learning disability?
_______________________________________________________________________________________________

Medical condition?
_______________________________________________________________________________________________

Food or other allergy?
_______________________________________________________________________________________________

Other?
_______________________________________________________________________________________________

If known, please indicate your son’s/daughter’s preferred learning style(s)
Auditory/listening Visual/seeing Kinesthetic/doing other ______________________________

Parish _____________________________

My teen is the guest of ______________________________

BYG FOOD SUPPORT

Parents are asked to support one another by sharing the responsibility of providing dinner for high school BYG Food support sign-up started Sunday, Sept. 15, More parents are asked to please sigh-up as soon as the Sign-up Genius email arrives. If you can help out either Sept. 30 or Oct. 7 contact the Youth Ministry Office anytime by phone or email. Families with teens registered for or attending BYG who have not yet indicated their preferred dates for Food Support will be contacted to fill in open dates. Dates can be changed by contacting another parent and switching on line.

Adult support may be needed for various endeavors throughout the year. If you have talents or interests, spiritual or otherwise, that you would like to share with our group, please indicate that below. Thank you.

Talents and Interests: Please let us know if you have some special talents that you would be willing to share with the group. e.g. Catechist, office skills, sewing, computers, retreats, speaker, leadership training, music, service projects, prayer, skiing, etc. ____________________________, __________________________

I would be willing to help with: ____________________________, ____________________________, or ____________________________

Would you be willing to volunteer to open your home for youth group meetings, socials or service events? yes ____ no ____

Parent Signature ___________________________________________ Date ______________

*High School fees vary and are only asked for individual extra events
BYG '18 - '19

Usual Location: 1st floor, McDonald Memorial Library (off XU Academic Mall)  
BYG Meetings: Sundays:

Sept. 30, *4:00 @ XU Volleyball Courts, Oct. 7, 14, 21, Halloween Event Oct. 28 Nov. 11, 18, Dec. 2, 9, Study Slam Dec. 16,  
Jan. 6 *2:30 Teaching Mass, Jan. 13, 20, Ski Trip Jan. 27, February 10, 17, 24,  
March 3, 10 Retreat Mar. 16/17, April 7, 14, Friday, May 3 - 5:30 - 11:30 Dinner and Challenge Party  

Usual Meeting Times: 4:30pm - 6:45pm  
*Location of Teaching Mass in the Chapel
<table>
<thead>
<tr>
<th>Date</th>
<th>TIME</th>
<th>Topic/Event</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 01</td>
<td>4:30 – 6:45pm</td>
<td>Opening Event</td>
<td>Alter Hall #03 &amp; #04</td>
</tr>
<tr>
<td>Oct 08</td>
<td>4:30 – 6:45pm</td>
<td>Meeting:</td>
<td>Alter Hall #03 &amp; #04</td>
</tr>
<tr>
<td>Oct 15</td>
<td>11:30am – 3:30pm</td>
<td>CONFIRMATION Sponsor/ Candidate Reflection and Practice</td>
<td>Aruppe Overlook Gallagher Center and Bellarmine Chapel</td>
</tr>
<tr>
<td><strong>Tuesday</strong></td>
<td><strong>Oct. 17</strong></td>
<td>7:00 – 9:00 Confirmation and Reception</td>
<td>Bellarmine Chapel</td>
</tr>
<tr>
<td>Oct 22</td>
<td>4:30 – 6:45pm</td>
<td>Meeting:</td>
<td>Alter Hall #03 &amp; #04</td>
</tr>
<tr>
<td>Oct 29</td>
<td>4:30 – 6:45pm</td>
<td>Meeting:</td>
<td>Alter Hall #03 &amp; #04</td>
</tr>
<tr>
<td>Nov 05</td>
<td>4:30 – 6:45pm</td>
<td>Meeting:</td>
<td>Alter Hall #03 &amp; #04</td>
</tr>
<tr>
<td>Nov 12</td>
<td>4:30 – 6:45pm</td>
<td>Meeting:</td>
<td>Alter Hall #03 &amp; #04</td>
</tr>
<tr>
<td>Nov 19</td>
<td>4:30 – 6:45pm</td>
<td>Fall Outing TBA</td>
<td>TBA</td>
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<tr>
<td>Nov 26</td>
<td>NO BYG</td>
<td>Thanksgiving Weekend</td>
<td></td>
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<tr>
<td>Dec 03</td>
<td>4:30 – 6:45pm</td>
<td>Meeting:</td>
<td>Alter Hall #03 &amp; #04</td>
</tr>
<tr>
<td>Dec 10</td>
<td>4:30 – 6:45pm</td>
<td>Supper and Study Slam</td>
<td>Alter Hall #03 &amp; #04</td>
</tr>
<tr>
<td>Dec 17</td>
<td>TBA</td>
<td>Service Project: Christmas Caroling or ?...</td>
<td>TBA</td>
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<tr>
<td>Dec 24</td>
<td>NO BYG</td>
<td>Christmas Eve</td>
<td></td>
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<tr>
<td>Dec 31</td>
<td>NO BYG</td>
<td>New Year’s Eve</td>
<td></td>
</tr>
<tr>
<td>Jan 07</td>
<td>4:30 – 6:45pm</td>
<td>Meeting:</td>
<td>Alter Hall #03 &amp; #04</td>
</tr>
<tr>
<td>Jan 14</td>
<td>4:30 – 6:45pm</td>
<td>Meeting:</td>
<td>Alter Hall #03 &amp; #04</td>
</tr>
<tr>
<td>Jan 21</td>
<td>4:30 – 6:45pm</td>
<td>Meeting:</td>
<td>Alter Hall #03 &amp; #04</td>
</tr>
<tr>
<td>Jan 28</td>
<td>TBA</td>
<td>SKI TRIP</td>
<td>Perfect North</td>
</tr>
<tr>
<td>Feb 04</td>
<td>NO BYG</td>
<td>Week after Winter Event</td>
<td></td>
</tr>
<tr>
<td>Feb 11</td>
<td>4:30 – 6:45pm</td>
<td>Meeting:</td>
<td>Alter Hall #03 &amp; #04</td>
</tr>
<tr>
<td>Feb 18</td>
<td>4:30 – 6:45pm</td>
<td>Meeting:</td>
<td>Alter Hall #03 &amp; #04</td>
</tr>
<tr>
<td>Feb 25</td>
<td>4:30 – 6:45pm</td>
<td>Meeting:</td>
<td>Alter Hall #03 &amp; #04</td>
</tr>
<tr>
<td>Mar 04</td>
<td>4:30 – 6:45pm</td>
<td>Meeting:</td>
<td>Alter Hall #03 &amp; #04</td>
</tr>
<tr>
<td>Mar 11</td>
<td>4:30 – 6:45pm</td>
<td>Meeting:</td>
<td>Alter Hall #03 &amp; #04</td>
</tr>
<tr>
<td>Mar 17/18</td>
<td>TBA</td>
<td>Camping Trip</td>
<td>TBA</td>
</tr>
<tr>
<td>Mar 25</td>
<td>NO BYG</td>
<td>CPS Spring Break</td>
<td></td>
</tr>
<tr>
<td>Apr 01</td>
<td>NO BYG</td>
<td>Easter Sunday</td>
<td></td>
</tr>
<tr>
<td>Apr 08</td>
<td>4:30 – 6:45pm</td>
<td>Meeting:</td>
<td>Alter Hall #03 &amp; #04</td>
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<tr>
<td>Apr 15</td>
<td>4:30 – 6:45pm</td>
<td>Meeting:</td>
<td>Alter Hall #03 &amp; #04</td>
</tr>
<tr>
<td>Apr 22</td>
<td>4:30 – 6:45pm</td>
<td>Meeting:</td>
<td>Alter Hall #03 &amp; #04</td>
</tr>
<tr>
<td>Apr 29</td>
<td>4:30 – 6:45pm</td>
<td>Meeting:</td>
<td>Alter Hall #03 &amp; #04</td>
</tr>
<tr>
<td><strong>FRIDAY</strong></td>
<td><strong>May 04</strong></td>
<td>6:00 – 11:30 Closing Event – Combined BYG and byg Dinner, Challenges, Swimming, Party and Prayer/Blessing on Class of ‘18</td>
<td>Aruppe Overlook &amp; O’Connor Sports Center</td>
</tr>
</tbody>
</table>