



JUBILEE YEAR *of* Mercy

DECEMBER 8, 2015 - NOVEMBER 20, 2016

Merciful Summer

Pope Francis has declared a Jubilee Year of Mercy from December 8, 2015 to November 20, 2016. During this time we are invited to experience the joy of God's mercy and are called to "Be merciful even as your Father is merciful." (cf Lk 6:36). Responding to this invitation, the youth of St. Francis of Assisi parish in Oklahoma City and St. Monica's parish in Edmond are invited to participate in a Merciful Summer.

This Merciful Summer will focus on completing the corporal works of mercy and growing in fellowship with peers. Students entering grades 6-12 are invited to attend the following dates.

June 22: Visit the imprisoned. Christ the King parishioner Mrs. Riesenbergs will share her experience of ministering to those in prison. After the presentation, the youth will complete a low and high ropes course at Shiloh Ropes course.

June 29: Feed the hungry. Students will meet to make sack lunches for our homeless brothers and sisters in Oklahoma City. Students will get an in depth look at the food desert situation in Oklahoma City and the challenges many of our citizen's face. That afternoon, we will watch "The Letters" which describes the story of Mother Teresa and her struggles as she founded the Missionaries of Charity.

July 13: Visit the sick. Students will spend the day with the Gospel of Life community at St. James the Greater parish. Sister Maria of the Trinity will share about her ministry and we will help the community with various projects and spend time with the residents in the Gospel of Life Dwelling.

July 20: Bury the dead. Fr. Price Oswalt at St. Joseph's Old Cathedral will talk to us about this corporal work of mercy as well as discuss the Canonization efforts for Fr. Stanley Rother. In the afternoon, we will have lunch downtown and then visit the Oklahoma Memorial Museum.

Name: _____ Parent Name: _____

Phone Number: _____ Email: _____ Grade: _____

Emergency Contact: _____

Relationship to youth: _____ Phone number: _____

Photo Release Form: I grant St. Francis Parish, the right to take photographs of me and my family in connection with the Religious Education, Youth Activities, retreats, etc. I authorize St. Francis Parish, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that St. Francis Parish may use such photographs of me with or without my name and for any lawful purpose, following the Archdiocese of Oklahoma City Safe Environment guidelines, including such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above.

Parent Signature _____ Date _____

PARTICIPATION PERMISSION: I, the undersigned, am custodial parent/legal guardian of Participant and request that he/she be allowed participate in the RE/Youth programs, events and activities to be held at *St. Francis Parish during the 2015-2016* parish year. I understand that the RE/Youth Activities consist of weekly sessions and related activities which may be held from time-to-time.

LOST OR STOLEN ITEMS: I hereby understand and agree that neither the Archdiocese of Oklahoma City or *St. Francis Parish during the 2015-2016* parish year nor any of their respective employees, directors, officers, agents, representatives and/or volunteers shall be held liable for any of my or my child's personal property lost or stolen during participation in the RE/Youth Activities.

MEDICAL INFORMATION: Is Participant taking any medications **OR** have any medical conditions (e.g., diabetes, epilepsy, heart conditions, etc.) yes no **If yes, explain (attach additional sheets as necessary):**

Does your child have any allergies? (e.g., insects, hay fever, strawberries, peanuts, etc.) yes no

If yes, explain (attach additional sheets as necessary):

Does your child have any allergies or adverse reactions to medications? (e.g., penicillin, ibuprofen, acetaminophen, etc.)

yes no **If yes, explain (attach additional sheets as needed):**

Does your child have any disabilities or physical or developmental limitations? yes no **If yes, explain (attach additional sheets as necessary):**

Participant's Primary Physician: _____ Telephone: (____) _____

Health Plan Carrier: _____

Name of primary insured: _____

Group# _____

Policy#: _____

Date of last tetanus immunization: _____ (approx.) _____ (Parent Initial)

As a rule, medication will not be administered by RE/Youth Program staff. The exception is an RE/Youth program or activity that includes an extended day or overnight activity. If medication is required a Consent and Waiver Medication Form must be completed prior to the activity.

CONSENT TO TREATMENT OF PARTICIPANT: I am the custodial parent or legal guardian of Participant. I hereby warrant that to the best of my knowledge, Participant is in good health and physically able to participate in the RE/Youth Activities and I assume all responsibility for the health and physical condition and ability of Participant to so participate. In the event of circumstances that indicate that Participant is in need of immediate medical care, I authorize and give permission for Participant to be transported to a hospital/clinic/medical facility for evaluation and emergency medical or surgical treatment, including any necessary X-ray examination. I authorize any licensed physician or medical center to treat Participant. **I accept full responsibility for any medical or hospital bills associated with the care of Participant.**

LIABILITY WAIVER: In consideration of the arrangement set forth herein, I do on behalf of myself, Participant and our respective heirs, successors, assigns and next of kin, release, waive, hold harmless, defend and covenant NOT TO SUE, *St. Francis Parish*, the Archbishop of the Archdiocese of Oklahoma City, and the Archdiocese of Oklahoma City and each of their respective departments, directors, administrators, teachers, officers, agents, representatives, volunteers and employees from any and all actions, claims, demands or liabilities, including without limitation, those for personal injuries or property damage, that I and/or Participant may suffer due to illness or injury suffered by Participant as a result of, or in connection with, participation in the RE/Youth Activities, including the administration of authorized medications, medical treatment and any consequences that may arise as the result of said treatment, including without limitation, housing, meals and collateral entertainment to the fullest extent permitted by law.

I certify to you that the information contained herein is true and correct to the best of my knowledge and that I fully understand the terms and legal consequences of my execution of this REGISTRATION CONSENT AND WAIVER FORM FOR RE/YOUTH ACTIVITIES consisting of two (2) pages.

Custodial Parent/Guardian Name (please print): _____

Custodial Parent/Guardian Signature: _____ Date _____