

HOLY FIRE

THE PRODUCERS OF THE NATION'S LARGEST CATHOLIC YOUTH EVENT, NCYC, INVITE YOUNG PEOPLE IN GRADES 6-9 TO A ONE-DAY EXPERIENCE OF DYNAMIC SPEAKERS, MUSIC AND THE SACRAMENT OF THE EUCHARIST LIKE THEY HAVE NEVER BEFORE EXPERIENCED. AT HOLY FIRE, YOUNG PEOPLE WILL BE CALLED TO EMBRACE THEIR BAPTISM AND ENGAGE WITH THE RELEVANT AND POWERFUL GOSPEL OF JESUS.

WHO
GRADES 6-9

WHEN

FRI. OCT. 20, 2017
9:00AM - 3:30PM
DOORS OPEN @ 8:15AM

WHERE

UNIV. OF ILLINOIS CHICAGO PAVILION
525 S RACINE AVE - CHICAGO, IL

St. Barnabas Will Depart at 7:30am
and return at 5pm.
See Reverse Side For details.



JOE MELENDREZ



SR. JOSEPHINE GARRETT



MASS WITH
CARDINAL CUPICH



NOELLE GARCIA



STEVE ANGRISANO

PRODUCED AND PRESENTED BY



WWW.NFCYM.ORG



WWW.NEWDWPINC.COM

HOSTED BY

ARCHDIOCESE OF CHICAGO



PERMISSION FORM - PARENT/GUARDIAN AUTHORIZATION

I request that **ST. BARNABAS PARISH** allow my child _____ to participate in the following sponsored activity requiring transportation to a location away from the parish facility.

Name of Activity: **Holy Fire AOC Youth Rally**

Date, Departure Time & Return Time: **Friday October 20, 2017 from 7:30 to 4:30pm**

Place of Activity: **UIC PAVILLION**

Method of transportation: **BUS**

Designated Supervisor of Activity: **MARYELLEN HARRINGTON**

Participant's Costs: \$ **47.00** Due: **September 25** (Covers the \$35.00 ticket plus bus fees and chaperone ticket fees)

You do NOT have to be a YM participant to attend this event.

I understand that the activity will take place away from parish/school premises. I further consent to the conditions stated on participation in this event, including the method of transportation. Participants and parents registering their child in these programs must recognize however that there is an inherent risk of injury when choosing to participate in physical activities. Video and still photographs may be taken during Youth Ministry events. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the bulletin, newsletters, and parish youth ministry website. I understand that if my child violates any laws regarding possession of alcohol or drugs, or rules governing the event, I will be called and notified about the situation and/or arrangements made to send my child home at my expense.

I hereby release and indemnify **ST. BARNABAS PARISH/SCHOOL**, its staff and its volunteers, and Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind of nature whatsoever from my child's participation in this event.

In the event that the undersigned, or my authorized physician, cannot be reached, and in the judgment of the designated supervisor of the activity or other responsible person accompanying the group, there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

Medical Insurance Company: _____ Insurance Number _____

Parent/Guardian Signature Address City State Zip

(Area Code) Phone Number GRADE: _____ SCHOOL: _____

Will you chaperone? _____ EMAIL: _____

- ▶ Fee includes, event entrance and transportation
- ▶ WE HOPE YOU CAN ATTEND. Email the YM office at mharrington@stbarnabasparish.org with any questions.
- ▶ STUDENTS SHOULD BRING A BAGGED LUNCH (NO GLASS BOTTLES)