

JANUARY, 2016

Topic Night: Parents Just Don't Understand
Sunday, January 10
6:00 – 8:00 p.m.
Youth Room

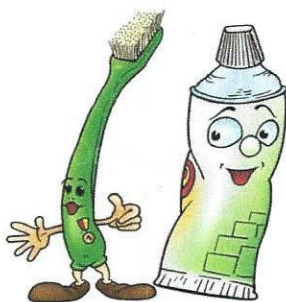
Why don't your parents understand you sometimes? Why do parents nag? What do they expect from you? What do you expect from them? How is your relationship with your parents changing as you get older? What kind of parent would you be? Join us for a lively presentation and some clips from the movie Big Daddy as we try to understand our parents and our relationship with them. There will be sign up for Rock-N-Bowl. We will collect money and permission slips for snow tubing. Refreshments will be served.

Rock-N-Bowl
Saturday, January 16
9:30 to 11:30 p.m.
Perry Hall Bowling Lanes

Join us for 2 hours of music, bowling and fun. The cost is \$20.00. This includes 2 hours of bowling and shoe rental. We will meet at the Perry Hall Bowling Lanes at 4359 Ebenezer Road at 9:30 p.m. Everyone will pay for their own bowling upon arrival. You should be picked up at Perry Hall Lanes at 11:30 p.m. You must sign up by January 10th to attend so we can reserve lanes. **Permission slips are required!**



Beans & Bread Collection
Project Fresh Start
Saturday, January 30 & Sunday, January 31
All the Masses

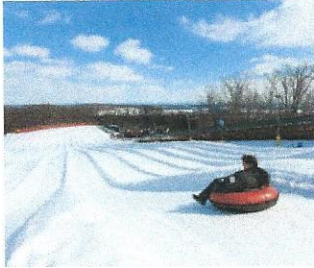


St. Vincent de Paul distributes over 200 care bags each month to homeless guest at the Beans & Bread Center in Baltimore. We will be collecting items at all the masses this weekend and then putting together the care bags. All youth group members are asked to donate items and volunteers are needed to collect the items at the masses and put the bags together.

Items Needed: Shampoo, Bars of soap, Disposable razors, toothpaste, toothbrushes & deodorant. All items should be trial or travel sized and not opened.

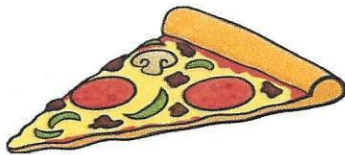
FEBRUARY, 2016

Snow Tubing Friday, February 5 6:00 – 11:30 p.m. Ski Liberty



Looking for some wintertime fun? Join us for snow tubing at Liberty Mountain Boulder Ridge. We will depart from the youth room at 6:00 p.m. We will head to Liberty Mountain in Carroll Valley PA., which is about 75 minutes from the church. We will then snow tube from 8:00 to 10:00. We should be back to the church by 11:30 p.m. The cost is \$27.00 per person. **Permission slips and Ski Liberty waiver are required.** You need to bring snow boots, warm clothing and spending money. The money, permission slip and waiver are due by Sunday, January 17th. They will be collected at the topic night or can be turned in at the parish office. **PARENT DRIVERS ARE NEEDED!**

Mass, Pizza & Topic Night Saturday, February 20 5:00 – 8:00 Youth Room



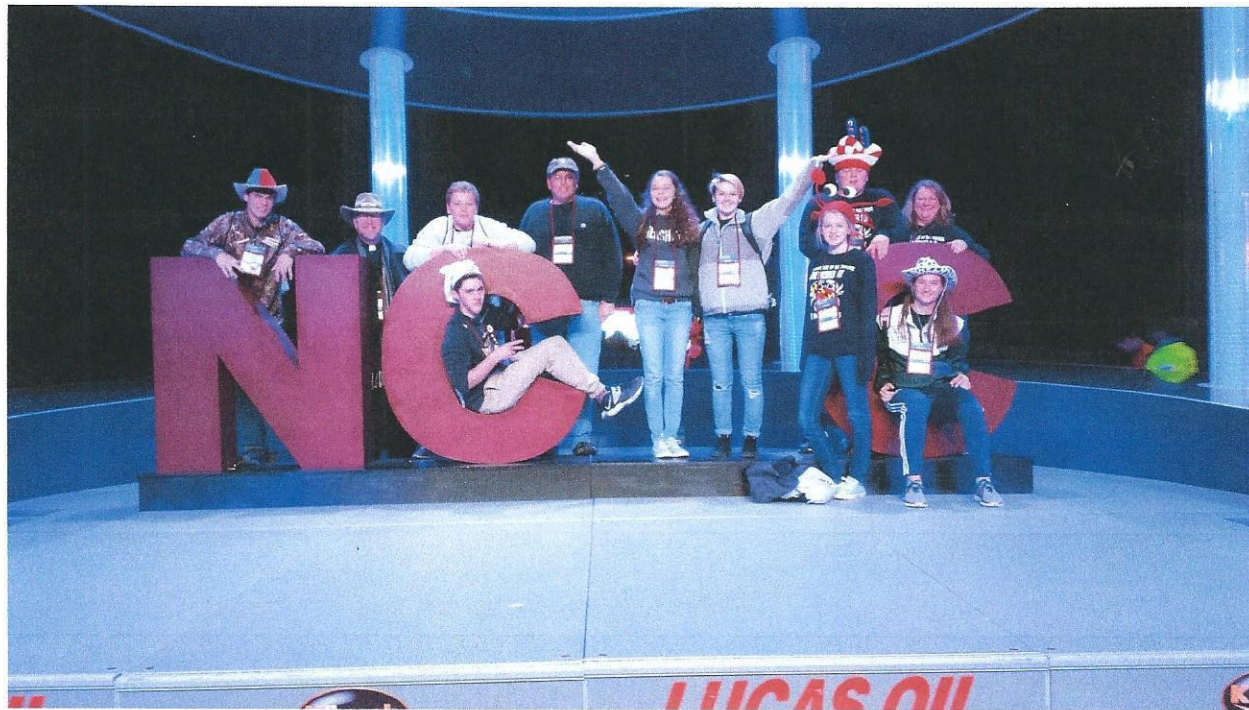
First join us as we celebrate 5:00 mass in the church together. We will then have pizza in the youth room followed by our topic night.

Parish Lenten Meals Friday, February 26 School Gym

As part of our service to our parish community the youth group will be preparing and serving a simple Lenten meal in the school gym. We will need people to help prepare the meal, set up the gym, serve the meal and clean up. The meal is served from 6:00 until 7:00 p.m. Volunteers need to be there by 4:30. Please email Mr. Rich to sign up or sign up at the topic night.



National Catholic Youth Conference



In November, Eight of our youth group members, Fr. Chuck, Mr. Rich and Mrs. Jenn went to the National Catholic Youth Conference in Indianapolis. Over 23,000 teens participated in a celebration of faith, youth, community and church. The next conference will be on 2017.

"NCYC was great! I had so much fun. I really connected to my faith. I got the chance to meet people from all over the country and listen to great inspirational speakers"

Rebecca

Here I Am Lord

Permission Form

Youth Name: _____ Home Phone: _____

Parent Name: _____ Parent cell: _____

Parent e-mail: _____ Youth e-mail: _____

Address _____ City/State/Zip _____

Youth Cell: _____ Date of Birth: _____ Male Female

Emergency Contact (Name & Phone #) _____

As parent or guardian of my son/daughter, I do hereby agree to allow my son/daughter to participate in the following activity (event/date/time): **Rock-N-Bowl @ Perry Hall Lanes (4359 Ebenezer Rd.) / Sat., January 16th from 6:30 to 9:30 p.m.** In consideration of the opportunity for my son/daughter to participate in the activity, the receipt and sufficiency of which are acknowledged, I knowingly and voluntarily on behalf of myself and my minor child do hereby agree to forever RELEASE, HOLD HARMLESS AND INDEMNIFY St. Michael the Archangel Parish, the Division of Youth & Young Adult Ministry, the Roman Catholic Archbishop of Baltimore and his successors, a Corporation Sole, and all their affiliate organizations, and respective agents, employees, officers, directors, volunteers, and any officials, referees, and other participants (the Released Parties) from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury (including death) sustained in connection with or arising out of my son/daughter's participation in the activity. By my signature below, I acknowledge that my child's participation in the activity involves inherent risk of minor or serious injury, including permanent disability, death, and/or economic losses which might result from my child's actions or inactions, the negligence of others, the inherent risks of the activity, the rules of play, the condition of the premises, or of any equipment used. I have voluntarily elected to allow my child to participate, and I fully understand, appreciate, and hereby assume all such dangers and risks. I understand that my child's participation in said activities may require a minimum level of fitness for safe participation, and that the Released Parties do not screen, medically or otherwise, individuals that participate in the activity. I acknowledge that it is my sole responsibility to make certain that my child is physically fit and healthy enough to participate in the activity. I understand that the Released Parties do not provide medical treatment or medical, health or other insurance coverage for my child, however, I hereby grant permission for any staff member of the activity to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

(Check one of the following:)

- I am covered by hospitalization and medical insurance under: policy# _____ issued by _____.
- I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff member to provide the following over-the-counter drugs (or their generic equivalent) to my son/daughter if requested by my son/daughter (Check all that apply:)

- Tylenol/Acetaminophen Benadryl Diphenhydramine Advil/ Ibuprofen Imodium/ Antidiarrheal
- Neosporin/Antibody Ointment Pepto Bismol

Doses of such drugs will be provided in accordance with the instructions contained on the drugs' packaging.

ADD any other medical information concerning medication, allergies, illness, etc.: _____

ADD any dietary restrictions: _____

Parents/guardians of participants are advised that photographs or digital recordings of participants may be used in publications, websites or other materials produced from time to time by the St. Michaels, Division of Youth & Young Adult Ministry or the Archdiocese of Baltimore. (Participants will not be identified, however, without specific written consent). Parents/guardians who do not wish their child(ren) to be photographed or digitally recorded should so notify an activity staff member. Please note that the Released Parties have no control over the use of photographs or digital recording taken by media that may be covering the event in which your child(ren) participate(s).

I HAVE READ THE ABOVE RELEASE AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Date

Parent/Guardian Signature

Parent/Guardian Name

Permission Form

Youth Name: _____ Home Phone: _____

Parent Name: _____ Parent cell: _____

Parent e-mail: _____ Youth e-mail: _____

Address _____ City/State/Zip _____

Youth Cell: _____ Date of Birth: _____ Male Female

Emergency Contact (Name & Phone #) _____

As parent or guardian of my son/daughter, I do hereby agree to allow my son/daughter to participate in the following activity (event/date/time): **Snow Tubing @ Ski Liberty in Carroll Valley PA / Fri., February 5th from 6:00 to 11:30 p.m.**

In consideration of the opportunity for my son/daughter to participate in the activity, the receipt and sufficiency of which are acknowledged, I knowingly and voluntarily on behalf of myself and my minor child do hereby agree to forever RELEASE, HOLD HARMLESS AND INDEMNIFY St. Michael the Archangel Parish, the Division of Youth & Young Adult Ministry, the Roman Catholic Archbishop of Baltimore and his successors, a Corporation Sole, and all their affiliate organizations, and respective agents, employees, officers, directors, volunteers, and any officials, referees, and other participants (the Released Parties) from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury (including death) sustained in connection with or arising out of my son/daughter's participation in the activity. By my signature below, I acknowledge that my child's participation in the activity involves inherent risk of minor or serious injury, including permanent disability, death, and/or economic losses which might result from my child's actions or inactions, the negligence of others, the inherent risks of the activity, the rules of play, the condition of the premises, or of any equipment used. I have voluntarily elected to allow my child to participate, and I fully understand, appreciate, and hereby assume all such dangers and risks. I understand that my child's participation in said activities may require a minimum level of fitness for safe participation, and that the Released Parties do not screen, medically or otherwise, individuals that participate in the activity. I acknowledge that it is my sole responsibility to make certain that my child is physically fit and healthy enough to participate in the activity.

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ADD any dietary restrictions: _____

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I HAVE READ THE ABOVE RELEASE AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Date

Parent/Guardian Signature

Parent/Guardian Name

**BOULDER RIDGE, WHITETAIL ADVENTURE & ROUNDTOP TUBING
RELEASE & ASSUMPTION OF RISK AGREEMENT**

NAME: _____
Please Print

DATE: _____
Tubing Date

ADDRESS: _____

E-MAIL: _____

GROUP NAME (if applicable): _____

NOTICE OF RISK

I, the undersigned, do hereby understand and agree that the recreational sport of snow tubing contains inherent and other risks that could lead to serious injury or death. These risks include but are not limited to: falling out of the tube; traveling at various rates of speed; collisions with other tubes, tubers, or spectators; collisions with man-made objects such as: fencing, snowmaking and grooming equipment, collisions with natural objects, collisions with associated equipment, variations in terrain and steepness of terrain, varying surface conditions such as: ice, ice chunks, wet or slushy snow, slippery walking surfaces, and the use of the tubing lifts.

I further agree to inspect the tubing area, tubing slope, tubes and all associated equipment prior to any use of the same. I agree to read, understand, follow or ask for explanation of all the rules, policies, and tubing responsibility codes that are posted at the tubing area. I understand that I can ask for and will receive instructions on the use of the tubing slope and the tubing lift prior to any use of the same. I further understand and agree that my minor child must be a minimum of five years old in order to use the main tubing slope.

I accept for use, AS IS, the tubing area including the tubing slope, tubing lift, tubes and other associated equipment.

ASSUMPTION OF RISK

Understanding, acknowledging and agreeing to all of the risks involved, **I hereby agree to expressly and voluntarily accept and assume all risks involved in the sport of snow tubing.**

RELEASE OF LIABILITY

In consideration of being allowed to use the tubing area at Liberty, Whitetail or Roundtop, **I HEREBY AGREE NOT TO SUE AND TO RELEASE, SKI LIBERTY OPERATING CORP., WHITETAIL MOUNTAIN OPERATING CORP. AND SKI ROUNDTOP OPERATING CORP., AS WELL AS THEIR OWNERS, AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY RELATED TO INJURY, PROPERTY LOSS OR OTHERWISE RELATED TO MY PAST, PRESENT OR FUTURE USE OF THE TUBING FACILITY, REGARDLESS OF ANY NEGLIGENCE, GROSS NEGLIGENCE OR IMPROPER CONDUCT ON THE PART OF THE SAME. I FURTHER AGREE TO INDEMNIFY AND DEFEND THE SAME, FROM ANY CLAIM FOR LIABILITY RELATED TO INJURY AS A RESULT OF MY OR MY CHILD'S USE OF THE FACILITIES, REGARDLESS OF ANY NEGLIGENCE.**

I agree that all disputes arising under this contract shall be litigated exclusively in the Court of Common Pleas of the County in which the incident occurred or in the United States District Court for the Middle District of Pennsylvania. Further, this agreement is governed by the applicable laws of the state of Pennsylvania. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect.

If I do not agree with the above, I will not use the tubing facility.

I, the undersigned have read, understand and agree to be legally bound by the above release agreement.

Tubing participant signature: _____ Date _____
(If a minor (under 18), the signature of a parent or guardian is required)

Parent or Guardian Signature: _____ Date _____
(The signature of one parent or guardian binds both parents or guardians in reference to this agreement)