JANUARY

Planning Meeting Saturday, January 7 10:00 a.m.

This meeting is for the youth planning team and any adults interested in assisting with the planning of events. We will meet in the parish office.

Topic Night: Forensic Selfie Sunday, January 15 6:00 – 8:00 p.m.

When we take a selfie are we too critical of ourselves? Are we often harsher on ourselves than we should be? Aren't we more beautiful than we may think? Join us as we discuss our self-image, look at how we can be hard on ourselves and see that we are God's masterpiece. We will meet in the youth room. Money and permission slip for Rock-n-Bowl will be collected. Everyone is also asked to bring an item for our Beans & Bread Lunch Bags.

Beans & Bread Lunch Bags Monday, January 16 10:00 -11:30 a.m.

We will be making bagged lunches for Beans & Bread. We will need lunch meat, bread, chips, crackers, snack, soft fruit and drink for each lunch bag. We are looking for around 6 people to put the lunches together.. Please sign up by emailing Mr. Rich.



Rock-n-Bowl Saturday, January 28 9:30 – 11:30 p.m.

Join us for music bowling and fun. We will meet at Brunswick Perry Hall Lanes at 4359 Ebenezer Road in Perry Hall Shopping Center. We will meet at the bowling alley at 9:15 p.m. and you can be picked up at 11:30 p.m. The cost is \$16.00 and includes shoe rental. Permission slip is required. Permission slip and money are due by January 22.



February

Youth & Family Mass Saturday, February 4 5:00 p.m.

You and your family are invited to join us for our parish youth and family mass. Alumni of St. Michael's school are also asked to join us as part of Catholic Schools Week. The mass will be held in the church.

Topic Night: The Night Before the Super Bowl Saturday, February 4 6:00 – 8:00 p.m.

We will meet in the youth room immediately following the youth & family mass. Our topic will be "Super Sunday". Money and forms for snow tubing will be collected.





Snow Tubing Saturday, February 11 7:00 a.m. – 2:30 p.m.

This year we will be heading to Roundtop in PA. We will depart from the youth room at 7:00 a.m. and should return around 2:30 p.m. The cost is \$33.00 per person. Permission slip, Roundtop waiver form and money are due by February 4. You can turn them in at a youth group event or drop it off at the parish office. Parent drivers are needed.



Our Daily Bread Monday, February 20 8:30 a.m. – 1:30 p.m.

This is a great opportunity for service to the poor. We will meet in front of the parish office at 8:30 a.m. and return around 1:30 p.m. We will serve a meal for those at Our Daily Bread. We have space for 8 people and you can sign up at our topic night or by emailing Mr. Rich. Permission slip is required. Mrs. Shawn will contact those sign up with more details.

WHAT IS YOUR NEW YEAR'S RESOLUTION?

Be nicer to your sibling

Be a better friend

Get more involved with the youth group and church

Eat healthier

Exercise Read the bible

Spend more time with your family

Greater effort in school

Get your license

Attend church more

Try a new sport, hobby or club

Relax more Pr

Pray more

Serve more

"BE WHO GOD MEANT YOU TO BE AND YOU WILL SET THE WORLD ON FIRE."

Catherine of Siena



Christmas Caroling 2016

The True Spirit of Christmas





Permission Form

Youth Name:	Name: Home Phone:				
Parent Name:	Parent cell:				
	Youth e-mail:				
Address	City/State/Zip				
	Date of Birth:				
Emergency Contact (Name & Phone	#)				
activity (event/date/time): Rock-N-Bo In consideration of the opportunity fo acknowledged, I knowingly and volunt HARMLESS AND INDEMNIFY St. Mich Catholic Archbishop of Baltimore and agents, employees, officers, directors from any liability, claims, demands a death) sustained in connection with or acknowledge that my child's participat disability, death, and/or economic loss inherent risks of the activity, the rule elected to allow my child to participat understand that my child's participatithat the Released Parties do not scree it is my sole responsibility to make cert I understand that the Released Partie my child, however, I hereby grant pephysician, hospital, or medical clinic for	ther, I do hereby agree to allow my son/daughter to participate to the provided Brunswick Perry Hall Lanes / Saturday, January 28 / 9:30 r my son/daughter to participate in the activity, the receipt and tarily on behalf of myself and my minor child do hereby agree to each the Archangel Parish, the Division of Youth & Young Adhis successors, a Corporation Sole, and all their affiliate organisms, volunteers, and any officials, referees, and other participarent causes of action arising out of or relating to any loss, dair arising out of my son/daughter's participation in the activity. It ion in the activity involves inherent risk of minor or serious in each which might result from my child's actions or inactions, the each of play, the condition of the premises, or of any equipment the, and I fully understand, appreciate, and hereby assume all ion in said activities may require a minimum level of fitness from medically or otherwise, individuals that participate in the activity that my child is physically fit and healthy enough to participate and not provide medical treatment or medical, health or otherwission for any staff member of the activity to obtain medical or my son/daughter in the event that I cannot be reached.	o – 11:30 p.m. Id sufficiency of which are to forever RELEASE, HOLD dult Ministry, the Roman anizations, and respective ints (the Released Parties) mage or injury (including By my signature below, I jury, including permanent enegligence of others, the trused. I have voluntarily such dangers and risks. If or safe participation, and trivity. I acknowledge that pate in the activity.			
	d medical insurance under: policy#issued b and assume responsibility for the cost of hospitalization a				
my son/daughter if requested by my son/daughter if requested b	yl Diphenhydramine □Advil/ Ibuprofen □Imodium/ Antidia	rrheal kaging.			
ADD any dietary restrictions:					
Parents/guardians of participants are a publications, websites or other materi Adult Ministry or the Archdiocese of B consent). Parents/guardians who do activity staff member. Please note that recording taken by media that may be	advised that photographs or digital recordings of participants neals produced from time to time by the St. Michaels, Division of participants will not be identified, however, without not wish their child(ren) to be photographed or digitally record the Released Parties have no control over the use of photographed covering the event in which your child(ren) participate(s). GREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIG	Youth & Young specific written orded should so notify an aphs or digital			
Date	Parent/Guardian Signature				
	Parent/Guardian Name				

Permission Form

Youth Name:	Home Phone:
	Parent cell:
	Youth e-mail:
	City/State/Zip
Youth Cell:	Date of Birth:
Emergency Contact (Name & Phone #)	
activity (event/date/time): Snow Tubing @ Ski R In consideration of the opportunity for my son/d acknowledged, I knowingly and voluntarily on be HARMLESS AND INDEMNIFY St. Michael the Ar Catholic Archbishop of Baltimore and his succes agents, employees, officers, directors, volunteer from any liability, claims, demands and causes death) sustained in connection with or arising ou acknowledge that my child's participation in the disability, death, and/or economic losses which minherent risks of the activity, the rules of play, the elected to allow my child to participate, and I founderstand that my child's participation in said that the Released Parties do not screen, medicall it is my sole responsibility to make certain that my understand that the Released Parties do not promy child, however, I hereby grant permission for physician, hospital, or medical clinic for my son/delectors.	preby agree to allow my son/daughter to participate in the following bundtop, Lewisberry PA / Saturday, February 11 / 7:00 a.m. – 2:30 p.m. bughter to participate in the activity, the receipt and sufficiency of which are half of myself and my minor child do hereby agree to forever RELEASE, HOLD changel Parish, the Division of Youth & Young Adult Ministry, the Roman fors, a Corporation Sole, and all their affiliate organizations, and respectives, and any officials, referees, and other participants (the Released Parties of action arising out of or relating to any loss, damage or injury (including to find of my son/daughter's participation in the activity. By my signature below, activity involves inherent risk of minor or serious injury, including permanent ight result from my child's actions or inactions, the negligence of others, the ne condition of the premises, or of any equipment used. I have voluntarily ally understand, appreciate, and hereby assume all such dangers and risks. Activities may require a minimum level of fitness for safe participation, and or or otherwise, individuals that participate in the activity. I acknowledge that a child is physically fit and healthy enough to participate in the activity. Evolution medical treatment or medical, health or other insurance coverage for any staff member of the activity to obtain medical care from a license aughter in the event that I cannot be reached.
	surance under: policy#issued by ne responsibility for the cost of hospitalization and medical care for my
my son/daughter if requested by my son/daughter Tylenol/Acetaminophen Benadryl Diphenhy Neosporin/Antibody Ointment Pepto Bism Doses of such drugs will be provided in accordance	dramine □Advil/Ibuprofen □Imodium/Antidiarrheal
ADD any dietary restrictions:	
publications, websites or other materials produce Adult Ministry or the Archdiocese of Baltimore. (I consent). Parents/guardians who do not wish t activity staff member. Please note that the Relea recording taken by media that may be covering the	photographs or digital recordings of participants may be used in d from time to time by the St. Michaels, Division of Youth & Young articipants will not be identified, however, without specific written neir child(ren) to be photographed or digitally recorded should so notify an ed Parties have no control over the use of photographs or digital e event in which your child(ren) participate(s). UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND
Date	Parent/Guardian Signature
	Parent/Guardian Name

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

NAME:		DATE:	
	Please Print		Tubing Date
ADDRESS:			
E-MAIL:			
GROUP NAME (if ap	oplicable):		
risks that could lead to serious at various rates of speed; colli- fencing, snowmaking and groo	injury or death. These risks isions with other tubes, tub oming equipment, collision ness of terrain, varying sur	s include but are not limit bers, or spectators; collins with natural objects,	now tubing contains inherent and other ted to: falling out of the tube; traveling sions with man-made objects such as collisions with associated equipment, ice, ice chunks, wet or slushy snow
agree to read, understand, followorded at the tubing area. I understand	ow or ask for explanation of derstand that I can ask for a of the same. I further under	f all the rules, policies, a and will receive instructi	dipment prior to any use of the same. Induling responsibility codes that are sons on the use of the tubing slope and minor child must be a minimum of five
I accept for use, AS IS, the tub	oing area including the tubir	ng slope, tubing lift, tube	s and other associated equipment.
ASSUMPTION OF RISK Understanding, acknowledging accept and assume all risks in			y agree to expressly and voluntarily
TO SUE AND TO RELEAS CORP., SKI ROUNDTOP O AND EMPLOYEES FROM OTHERWISE RELATED TO REGARDLESS OF ANY NEGLIGENCE, IMPROPER AGREE TO INDEMNIFY A	E, SKI LIBERTY OPER. DPERATING CORP., AN ANY AND ALL LIAB TO ANY PAST, PRESE NEGLIGENCE ON THE R CONDUCT OR ANY O AND DEFEND THE SAM	ATING CORP., WHIT ID SNOW TIME, INC ILITY RELATED TO INT OR FUTURE US HE PART OF THE OTHER CAUSE ENFO E, FROM ANY CLAI	Roundtop, I HEREBY AGREE NOT ETAIL MOUNTAIN OPERATING AS WELL AS THEIR AGENTS INJURY, PROPERTY LOSS OR SE OF THE TUBING FACILITY RESORT, INCLUDING GROSS RCEABLE BY LAW. I FURTHER M FOR LIABILITY RELATED TO ILITIES, REGARDLESS OF ANY
County in which the incident	occurred or in the United erned by the applicable law	States District Court for ws of the Commonweal	in the Court of Common Pleas of the r the Middle District of Pennsylvania th of Pennsylvania. If any part of this e and effect.
If I do not agree with the abo	ve, I will not use the tubin	g facility.	
I, the undersigned have read, un	nderstand and agree to be le	gally bound by the above	e release agreement.
Tubing participant signature: _ (If a	minor (under 18), the signat	ture of a parent or guardi	Date an is required below)
Parent or Guardian Signature:			Date

(The signature of one parent or guardian binds both parents or guardians in reference to this agreement) lw16/17