

# YOUTH DAY

## March 21, 2019

LOS ANGELES  
YOUTH DAY

TRUST! GOD'S GOTCHU



Holy Spirit Faith  
Formation

714- 963-7871

Faithformation@hscfv.org

Arrive at Holy Spirit Church at 6AM, Thursday, March 21, 2019  
Bus will depart at 6:15AM *Please eat breakfast before arriving because there will only be snacks served on Thursday morning.*  
Parents will pick up students at 5:00PM at the Church.

### What to Bring

- \* A willingness to grow and share
- \* Comfortable clothing  
*T-shirt will be provided*
- \* Your own bottle of water & your favorite snack to share with everyone

### Leave at Home

- \* A bad attitude
- \* Drugs or Alcohol
- \* Electronic devices
- \* Homework

### *The goal of Youth Day:*

- \* *Connecting youths to larger church to show they are not alone in their faith.*
- \* *Connecting us to others through our relationship with Christ.*
- \* *Becoming one with our brothers and sisters.*
- \* *Showing an exciting community of believers.*
- \* *Inspiring and exciting everyone (youth and adults) about their faith.*
- \* *Helping youth see that WE make our faith real in our own lives.*

Dear Confirmation Candidates and Parents:

Peace of Christ Jesus be with you and your family.

Youth Day is held annually where many people from different backgrounds from throughout the Archdiocese and from further places gather together to participate in morning and afternoon workshops, culminating in a Youth Rally to learn more about God and each other. The theme for the day is "Trust! God's Gotchu."

All Confirmation Year I Candidates are required to attend Youth Day. Year II Candidates are highly encouraged to attend but if you did not attend Youth Day last year, you need to register to attend. It's your chance to be part of bigger Church.

Here's a list of things to do:

1. Please return COMPLETED MINOR PERMISSION FORM & PAYMENT by October 27, 2018. All paperwork can be dropped off in the Faith Formation Office or mailbox.

\*\*\*ALL PAPERWORK MUST BE TURNED  
IN ORDER TO ATTEND THIS EVENT.\*\*\*\*

2. The cost for youth day is \$50 includes: *charter bus fare, lunch, \$30 admission ticket & t-shirt (\$75 after October 27, 2018)*  
Checks are made payable to: Holy Spirit Church.
3. To be excused from your public or private school for that day, please turn in completed the Notification of Permission For Release Form to your school.

We look forward to seeing you and sharing God with you!!!

Sr. Annuncia Thu Mai, LHC & Youth Day Leaders





# Holy Spirit Catholic Church

17270 Ward Street, Fountain Valley, California 92708  
714- 963-7871 • Faithformation@hscfv.org • FaithFormationhsfv.org

## Notification of Permission For Release For Religious Exercises & Instruction

Date: \_\_\_\_\_

To: \_\_\_\_\_  
(Name of High School)

From: Parent name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Re: Student: \_\_\_\_\_

The Roman Catholic Diocese of Orange County is conducting an important religious event as stated below. It will be occurring during normal school hours and off school premises.

As the parent(s)/ legal guardian(s) of \_\_\_\_\_, I am notifying you in advance of my child's absence from school for a religious purpose pursuant to California Education Code section 46014. I attest that my child will be absent for that purpose and herewith give my consent. Pursuant to Education Code section 46014, I believe that such absence shall not be deemed an absence in computing average daily attendance.

I value the moral and civic education of my child. Thank you for your cooperation. If you have any questions, please contact me at the number listed above.

**Event/Program:** YOUTH DAY  
**Location:** Anaheim Convention Center  
800 W. Katella Avenue Anaheim, CA 92802  
**Date:** March 21, 2019

I, the Parent (guardian) of the above named child, hereby give my Permission for his/her participation in the above named activities. I agree to direct my child to cooperate and conform with directions and instructions regarding the permission to participate in religious exercises or to receive moral or religious instruction.

Parent/ Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/ Guardian's Signature: \_\_\_\_\_

**DIOCESE OF ORANGE  
MINOR PERMISSION & RELEASE FORM  
HOLY SPIRIT CATHOLIC CHURCH**

Event/Program: **YOUTH DAY - ĐẠI HỘI GIỚI TRẺ**  
Location: **Anaheim Convention Center. 800 West Katella Ave. Anaheim, CA 92802**  
Date: **March 21, 2019 - Thứ năm ngày 21 tháng 3 năm 2019**  
Time: **6:00 AM – 5:00 PM \* Từ 6:15 sáng tới 5:00 chiều**  
Cost: **\$50 (\$75 after October 27, 2018)**

**(Please Print)**

Participant's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ \* **Adult T-Shirt Size:** \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell or Work #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Allergies/Medical Problems/Disabilities: \_\_\_\_\_

Is your child taking any over the counter or prescriptions drugs? **Print Clearly** \_\_\_\_\_

I, the Parent (guardian) of \_\_\_\_\_, hereby give my permission for her/his participation above named activity. I agree to direct my child to cooperate and conform with directions and instructions of parish, school or diocesan personnel responsible for this Activity.

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations including but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers employees and volunteers from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damage are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event my child is injured as a result of his, her participation in the above named activity, including transportation to and from this activity, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program or any of its agents of employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will be first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any activity.

I hereby authorize the making of photographs, motion pictures, videotapes, recording, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.

I, hereby give permission to the permission to the physician, nurse, dentist, or licensed care staff selected by the supervisory personnel then present to render medical dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse dentist or licensed care staff.

**Medications**

**All non-prescription & prescription drugs will be collected at the beginning of the Youth Day and given at the time of need. Please list any medications that your child may be taking during Youth Day. If it is ok for your child to be taking pain medication (ie. Advil, Tylenol, etc.), you must state that below and provide it.**

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_