

**To:** Team Leaders, **Youth Leadership Training**  
**From:** Laura Piccone-Hanchon, Youth Ministry Coordinator  
**Re:** **Youth Leadership Training Update**

We are hoping that you may be participating in the **Youth Leadership Training Phase One**. These Youth Leadership Trainings will be held on April 27-28th 2012, June 22-23rd 2012 or July 27-28th 2012. This registration packet will help you and your team as you prepare for the upcoming **Youth Leadership Training** program.

Enclosed you will find important information about the **Youth Leadership Training** that will help you in your preparations and will complete the registration process for your group.

- *Participant Registration Forms*
- *Consent and Health Forms*
- *Code of Behavior*
- *Parent Information Sheet*
- *Packing List*

The following information will help you as you prepare:

1. Participant Registration Forms needed to register. Please provide all requested information. If you have any changes to your registration prior to the start of the Youth Leadership Training, please contact Youth Ministry immediately at 313-596-7308.
2. Combined Consent and Health Form. Each youth participant should fill out the form completely. Each adult participant should fill in the health information and other requested information. You should make copies of these forms to submit by **April 9<sup>th</sup> 2012** and retain the originals for your use while traveling.
3. Code of Behavior. Each youth participant and his/her parent or guardian must sign and return a Code of Behavior form. Adults should be provided a copy of the form for their information.
4. Participants need to have completed their 9<sup>th</sup> grade year through entering their 12<sup>th</sup> grade year. Group size can vary from 2-8 people (1 of those people needs to be a completely participating adult leader).
5. Per person cost for Phase One is \$50.00 (*Scholarships may be available.*)
6. *For Phase One: each participant will receive a copy of the StrengthsFinder 2.0 Book for the program. An on-line survey will need to be completed by each participant before arriving. The code for the survey will be sent to group leaders two weeks prior to the training. If a participant has already taken this exact assessment, please contact Laura at 313.237.5953.*
7. **Deadline for registration; March 28<sup>th</sup> for April Dates, May 30<sup>th</sup> for June Dates, and June 27<sup>th</sup> for July Dates.**

**PLEASE BRING ALL REGISTRATION FORMS WITH YOU TO the program and send your participant registration form and money to:**

Youth Ministry  
305 Michigan Ave. 7<sup>th</sup> floor  
Detroit, MI 48226 or  
Email: [youthministry@aod.org](mailto:youthministry@aod.org)

**Other Information:**

- Enclosed you will find a packing list for the Youth Leadership Training. Please provide one to every participant.
- We will need you to bring snacks to share with all participants during the snack times for the **Youth Leadership Training**. Please bring a 2 liter bottle of pop or juice and one bag of snacks per participant
- There is a parent information sheet attached. Please fill in the requested information and then make copies for each participant's family.
- If you need access to more copies go to our website [www.detroityouthministers.com](http://www.detroityouthministers.com).

**This registration form is for the following two days: (please circle all that apply)**

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# Participant Registration Form

Parish / School: \_\_\_\_\_

City and State: \_\_\_\_\_

**Team Leader (there needs to be one adult fully participating with each group)**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell/Home Phone: (\_\_\_\_) \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

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

Do you play a musical instrument or lead songs? Yes No

If yes, please list: \_\_\_\_\_

Name as you would like it on your name tag \_\_\_\_\_

Have you participated in the Protecting God's Children training and been cleared to work with children and youth? \_\_\_\_ yes \_\_\_\_ no

**Youth Participants (completed 9<sup>th</sup> grade through 12<sup>th</sup> grade)**

Name: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Birth date: \_\_\_\_\_ Last Completed Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

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

Do you play a musical instrument or lead songs? Yes No

If yes, please list: \_\_\_\_\_

Name as you would like it on your name tag \_\_\_\_\_

**Youth Participants (completed 9<sup>th</sup> grade through 12<sup>th</sup> grade) continued...**

Name: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Birth date: \_\_\_\_\_ Last Completed Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

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

Do you play a musical instrument or lead songs? Yes No

If yes, please list: \_\_\_\_\_

Name as you would like it on your name tag \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Birth date: \_\_\_\_\_ Last Completed Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

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

Do you play a musical instrument or lead songs? Yes No

If yes, please list: \_\_\_\_\_

Name as you would like it on your name tag \_\_\_\_\_

Name: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Birth date: \_\_\_\_\_ Last Completed Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

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

Do you play a musical instrument or lead songs? Yes No

If yes, please list: \_\_\_\_\_

Name as you would like it on your name tag \_\_\_\_\_

## Youth Leadership Training

### **Archdiocese of Detroit Combined Consent and Health Form**

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Your signature at the end indicates your consent and acceptance of the provisions included in this document.

Name \_\_\_\_\_

Parish/School \_\_\_\_\_ City & State \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Home Phone (     ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

**PARTICIPATION CONSENT:** I, (Name of Parent or Guardian) \_\_\_\_\_ grant permission for my son/ daughter to participate in the Youth Leadership Training program.

My son/ daughter will be participating in the following event: (circle all that applies)

**Phase One: April 27-28<sup>th</sup> 2012**

**Phase One: June 22-23<sup>rd</sup> 2012**

**Phase One: July 27-28<sup>th</sup> 2012**

**LIABILITY WAIVER:** I will not hold the **Archdiocese of Detroit** or the program facility responsible in the event of any injury or accident to my son or daughter while participating in the programs and/or traveling to and from **Youth Leadership Training** program.

**STATEMENT OF HEALTH:** I hereby warrant that, to the best of my knowledge, my child is in good health and able to participate in all program activities. (Please submit a statement indicating limitations and/or conditions of which we should be aware.)

**INSURANCE INFORMATION**

Health Insurance Co.: \_\_\_\_\_ Policy No. \_\_\_\_\_

**MOST RECENT PHYSICAL EXAMINATION** (Provide information on your child's most recent examination)

Date of Examination: \_\_\_\_\_

Physician or Clinic: \_\_\_\_\_ Phone \_\_\_\_\_

Physician/Clinic Address \_\_\_\_\_

**IMMUNIZATIONS:** Please provide date of latest tetanus immunization \_\_\_\_\_

**ALLERGIES/DIETARY NEEDS:** Please attach a statement noting all known allergies, including how the child has been treated and with what medication. If medications are needed occasionally or regularly, please send them with your child in case of need. If your child has special dietary needs or restrictions, please attach a statement listing these dietary concerns.

**MEDICATIONS:** Any medications brought to the program should be clearly labeled and in their original container. Please list any prescription or approved non-prescription drugs your child is presently taking. Include product name and physician's instructions on dosage and frequency.

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

I understand that all prescription medication will remain in the possession of the adult team leader and be dispensed as prescribed. I grant permission for non-prescription medication (such as ibuprofen, Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. **If there are any non-prescription drugs you do not want administered to your child please list them below:**

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**OPERATIONS OR SERIOUS INJURIES:** (Within the past 18 months)

Operation/Injury \_\_\_\_\_ Date \_\_\_\_\_

**COMMUNICABLE DISEASES:** Please notify your **Youth Leadership Training** Program Sponsor immediately if your child has been exposed to any communicable disease (mumps, measles, chicken pox, etc.) within three weeks prior to attending the **Youth Leadership Training** program.

**MEDICAL EMERGENCY:** In case of medical emergency, I understand that a reasonable effort will be made to contact parents or guardian of participants. In the event that I cannot be reached, I hereby give permission to the physician selected by the Team Leader from the parish/school to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named herein.

**SIGNATURE OF PARENT OR GUARDIAN:** I certify that the above information is correct and give permission for my child to be transported in privately owned vehicles and/or via public transportation for approved **Youth Leadership Training** program activities; and for the release of medical records to an attending physician in case of illness.

I fully understand the consequences of the foregoing statements and sign this form knowingly, freely, and willingly. (Your signature must appear below or your child will not be permitted to participate in the **Youth Leadership Training** program.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**USE OF PHOTOS:** I hereby grant Archdiocese of Detroit permission to use photos or videos of my child taken during program activities, or quotations from my child for future program promotion purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Youth Leadership Training

## Code of Behavior 2012

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We are happy and excited that you are joining us as part of **Youth Leadership Training**. The *Code of Behavior* has been developed as a way of helping participants understand what is expected of them during the week, and of making the learning experience a healthy and growthful one for all involved. Please read through the *Code* carefully, as you will be expected to honor and uphold it throughout your time with us.

- As necessary as rules are to maintain order, they can't and won't guarantee a successful **Youth Leadership Training** experience. Success depends on people's willingness to work together for the common good.
- Participants take part in **Youth Leadership Training** as part of a parish or school team. The adult leader of each team maintains primary responsibility for the actions of his or her team members. If damage occurs, the parish or school group responsible and the families of team members assume responsibility for any damages done to the hosting facilities.
- Participants are expected to attend all sessions unless explicitly excused by the Program Director(s).
- Name badges should be worn during all program activities.
- Dress throughout the **Youth Leadership Training** experience is casual, however shirts and shoes must be worn at all sessions and meals.
- Socializing should take place only in the designated public areas of the housing facility. No visiting is allowed in sleeping areas occupied by the opposite sex.
- Each day will be a busy one - making adequate sleep a necessity. Participants must be in their respective areas by curfew time. The noise level in the sleeping areas should be kept at a minimum. Scheduled quiet and silent times must be honored. Only the Program Director can alter curfew times or the timing of any other scheduled activity.
- Smoking is not allowed during scheduled group activities. All other local smoking restrictions must be honored (ages, locations, times, etc.)
- The purchase, possession or consumption of alcohol or drugs by participants will result in immediate dismissal from the program. Major infractions of the *Code of Behavior* will meet with the same consequences.

**Parent or Guardian:** I agree that my child shall abide by the rules and regulations outlined in the **Youth Leadership Training Code of Behavior**. I have reviewed it and discussed the *Code* with my child prior to signing this form. I agree that if my child fails to consistently abide by the *Code* or engages in a serious infraction of the *Code*, he or she may be immediately dismissed from the **Youth Leadership Training** program and sent home at my expense.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Youth Participant:** I understand and agree to the **Youth Leadership Training Code of Behavior**. I also understand that my parent(s) or guardian will be notified at the time of any infractions requiring my dismissal from the program and that I will be sent home at my own or their expense. (Your signature must appear below in order to participate in the **Youth Leadership Training** program.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Parent Information Sheet

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## **Program Sites:**

### **Phase One: April 27-28<sup>th</sup> 2012**

St. Colette Catholic Church  
17600 Newburgh Rd.  
Livonia, MI 48152  
\$50.00 per person

**OR**

### **Phase One: June 22-23<sup>rd</sup> 2012**

Church of the Holy Family  
24505 Meadowbrook Rd.  
Novi, MI 48375  
\$50.00 per person

**OR**

### **Phase One: July 27-28<sup>th</sup> 2012**

St. Irenaeus Catholic Church  
771 Old Perch Road  
Rochester Hills, MI 48309  
\$50.00 per person

## **Emergency Phone Numbers:**

734.657.7214

## **Phase One Trainers:**

Youth Ministers from our Archdiocese

**Phase One begins at 9:30 a.m. the first day and ends at 4pm the second day.**

(Except the **April** Youth Leadership training which will begin at 6:00 p.m. on the first day and ends at 10:00 p.m. the second day.)

*This section should be filled in by the parish/school...*

## **Departure and Return Times:**

## **Youth Leadership Training Packing List**

**Individual Packing List:** (Take the minimum; pack lightly)

**IMPORTANT:** Be sure to bring along a copy of your family health insurance card.

\*Clothes:

Jeans or casual pants  
Shorts  
T-Shirts/short-sleeve shirt  
Long-sleeve/sweatshirt  
Sleepwear  
Socks  
Underwear  
Shoes

Sleeping bag and mat for floor  
Pillow

Personal Needs:

Toothbrush/Toothpaste  
Comb/Brush/Hairdryer  
Soap /Deodorant  
Medications (consider non-prescription medications for headaches, stomach upset, colds, etc)  
Earplugs

Other:

Bible  
Journal/Notebook/Pens  
Camera/film

*\*Clothing should be casual, reflective of positive values and fit in a respectful and modest manner.  
Please no short shirts, tank tops, or clothing with inappropriate language or designs.*

**Please do not bring:**

Electronic games (PSP, Gameboy, etc.)  
iPods/mp3 players/CD players  
**Expensive clothing, jewelry, and equipment**

**Parish/School Team Packing List:**

Basic first aid kit for traveling  
Favorite board games  
Musical instruments and songbooks  
CDs, prayer books, and other resources for planning prayers and socials

Snacks to share with all participants during the snack times for the Youth Leadership Training. Please bring...a 2 liter bottle of pop or juice and one bag of snacks per participant.