

Jr. High Fiesta

Sunday, January 31, 2010



Grades 6-8th
Knights of Columbus Hall
321 US Highway 77 S
Hallettsville, TX 77964

APeX Ministries (Gene and Brad) is a nationally known comedy duo based out of Baltimore, MD and near Denver, CO. APeX uses a style they define as Christian Vaudeville. This includes (but is not limited to) death defying juggling, humor, characterizations (skits), story-telling, audience participation, and personal testimony. Over the last six years APeX has worked with youth and adults alike in over 40 states at the national, diocesan, and parish levels.

Both Gene and Brad were born in Casper, Wyoming where they grew up in the same parish. Brad now loves to share his antics with the world. He has experience working in youth ministry in different parts of the country. He absolutely loves the Lord and wants to share the joy he's found with as many people as he can. Gene graduated from the Catholic University of America in 1996. Gene was a nerd (and some would contest he still is) and loved being on the Math team. When he grows up he would like to be a teacher.



For more information contact your parish coordinator or Debbie Vanelli at the Office of Youth & Young Adult Ministry (361) 573-0828, dvanelli@victoriadiocese.org or Jose Ortega, jortega@victoriadiocese.org

Doors open at 11:00 a.m., Program begins at 11:30 a.m. and concludes with Liturgy.

Lunch is provided



Snack bar throughout the day

Liturgy begins at 5:00p.m.



**Early Registration deadline:
Thursday, January 28, 2010**

\$15.00 per-person
\$12.00 per-person Group Rate (8 or more)
(\$7.00 per-adult)

(\$20.00 at the door NO EXCEPTIONS)

All fees must be mailed to the office **before** the event.

NO REFUNDS AFTER January 28, 2010

2010 Jr. High Fiesta
Registration Form

Name _____ Address/City _____ Zip _____

Parish and City _____

Attending Adult Sponsor _____ Phone # _____

Amt. Pd. _____ Ck. #/ Cash _____

Please return to: Office of Youth & Young Adult Ministry ♦ P.O. Box 4070 ♦ Victoria, Texas 77903 ♦ FAX 361/573-5725

DEADLINE: Thursday, January 28, 2010

Return by Thursday, January 28, 2010 (please duplicate as needed)
 ** Please print or type names (FAX machine is not always very clear.)

FAX (361) 573-5725

Page # ____ of ____

**Jr. High Fiesta
 Group Registration Form**

Parish _____ City _____

Attending Adult Contact _____ Phone (____) _____

Name	Ad/Youth	Name	Ad/Youth
1.		17.	
2.		18.	
3.		19.	
4.		20.	
5.		21.	
6.		22.	
7.		23.	
8.		24.	
9.		25.	
10.		26.	
11.		27.	
12.		28.	
13.		29.	
14.		30.	
15.		31.	
16.		32.	

Total # of Youth this page _____ X \$12.00= _____ (8 or more participants) X \$15.00= _____ (less than 8 participants)

Total #of Adults this page _____ X \$ 7.00= _____ Total Amt. Due \$ _____

****Permission Forms: Original is kept at the parish; a copy must accompany driver or contact person along with the Travel Permission release form. **NO REFUNDS. Please replace cancellations.**

**OFFICE OF YOUTH MINISTRY
DIOCESE OF VICTORIA IN TEXAS
PERMISSION FORM/MEDICAL RELEASE**

NAME _____ Sex _____ Grade _____
Address _____ City _____
St/Zip _____ Phone (____) _____
Age _____ Birthdate _____ Parish _____

PARENT/LEGAL GUARDIAN'S

NAME _____
Address (if different than above) _____
Phone (if different than above) (____) _____

I hereby consent to participation by my son/daughter _____ in the Jr. High Fiesta sponsored by The Office of Youth Ministry of the Diocese of Victoria on January 31, 2010. I understand that the activity will take place at the **Knights of Columbus Hall in Hallettsville, Texas** and that my son/daughter will be under the supervision of diocesan and/or parish personnel. As parent or legal guardian I agree to defend, indemnify and hold harmless the Diocese of Victoria, its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my son/daughter's participation in the above mentioned activity.

I grant permission for non-prescriptive medication (e.g. tylenol, throat lozenges, cough syrup, pepto-bismol, etc.) and routine nonsurgical medical care to be given to my son/daughter if deemed advisable by the supervising diocesan personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located.

 (please initial for consent) **Photo Disclaimer:** I hereby give permission for my son/daughter to be photographed or video taped. I realize that the photo maybe published in the newspaper, a magazine, or other publication. The video may be used for educational purposes or informational purposes regarding programs or curriculum.

Date _____ Parent's Signature _____

Family Physician _____ Phone (____) _____
Address _____ City/Zip _____

My son/daughter is allergic to: _____

My son/daughter takes the following medication (name, dosage): _____

This medication is for: _____

Medication that my son/daughter is allergic to: _____

Last immunization/booster for Diphtheria/Tetanus: _____

Any specific medical problems: _____

Any physical limitations: _____

In an emergency, if unable to reach parent/guardian, please contact:

Name _____ Work Phone (____) _____ Home Phone (____) _____

Name of Insurance Company _____ Phone (____) _____

Address _____

City/St/Zip _____

Name of Insured _____

Policy # _____ Group or Plan# _____