



# St. Brigid's Youth Center

*A Ministry of St. Brigid Catholic Church*

**Registration**  
**2019-2020**



The Roman Catholic  
Diocese of Fresno



St. Brigid Catholic Church



St. Brigid's  
Youth Center

# St. Brigid Youth Ministry Kick-Off

## Sunday, August 11th, 2019

### 11:30 am - 3:00 pm

### 319 N. Harris St. Hanford, Ca 93230

### Registrations for:



## Youth Programs

Program	Confirmation	Core	Initiation	Edge	Life Teen	Summit
Age	9th - 12th	18 & Older	7th - 12th	7th & 8th	9th - 12th	10th - 12th
Description	Sacrament Prep	Adult Facilitators	Sacrament Prep	Jr High Youth Group	High School Youth Group	High School Discernment Group
Meets on	Sunday	Monday	Tuesday	Wednesday	Wednesday	Thursday
Time	11:30am-1:30pm	7:00pm-8:30pm	5:30pm-6:45pm	5:30pm-6:45pm	7:00pm-8:30pm	7:00pm-8:30pm
Cost	\$80	No Cost	\$40	\$20 (Donation)	\$20 (Donation)	\$20 (Donation)

*\* Payment Plans available upon request, also speak to Youth Minister for Hardships \**

**\*Please Provide Copies of Birth Certificate, Baptism & First Communion Sacraments\***

319 N. Harris St. Hanford, CA 93230 - (559) 589-1916 - [george@stbrigidyouthcenter.org](mailto:george@stbrigidyouthcenter.org)



**Pre-Order today to wear at all our events!**



**\$20**



**2019**

Stand with St. Brigid's Life Teen & Parishioners and many other Pro-Life individuals throughout Kings County in honor of millions of babies whose lives have been lost to abortion. Pray for people in crisis situations and for our Nation.

**When: Oct. 6th @ 2pm**

**Where: Corners of Lacy Blvd & 11th**

**\*Free of Cost\***

**\*Please Contact George For More Info\***

Thank You And God Bless!

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**Join St. Brigid's Life Teen**  
**November 2nd @ Six Flags Magic Mountain!**

**\$75** includes - Entry, T-Shirt & Transportation  
**(\$40 if you have a Season Pass)**

Register before Sunday, **October 7th!**

Trip/Event will Sell Out

For more Info Call **(559) 589-1916**

[www.stbrigidyouthcenter.org](http://www.stbrigidyouthcenter.org)



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**&**



Join us for an evening of Fellowship in which we gather to listen to amazing speakers and enjoy an outstanding Dinner! By the end of the night you will leave inspired to grow more in your faith and be encouraged to lead those around you Closer to Christ.

**Don't Miss Out on such a Great Event!**

**\* Note: Confirmation 2 Students must attend with their Confirmation Sponsor \***

**Saturday, December 7th, 2018**

**\*Times TBA\***

**Cost: \$20**

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Join St. Brigid's Parish & Life Teen (Youth Group)  
as we Peaceably protest abortion, walking through San Francisco every  
year on or near January 22, the anniversary of Roe v. Wade, the U.S.  
Supreme Court decision legalizing abortion.  
This year we will be attending via Charter Bus, which departs from  
St. Brigid Church @ 7am Sharp on

**Saturday, January 25, 2020**

Youth/Teen Price: \$25

**\*\* Price only Includes Transportation Cost and Snacks. T-Shirts, Meals, Ect. are not included \*\***



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**Steubenville West** is a Catholic conference for teens. And it is so much more than a conference, It's a retreat weekend and a transformational experience! Evangelistic in nature, authentically Catholic, Steubenville West is a weekend filled with great speakers, engaging music, reverent Mass & prayer, and tremendous fellowship. Through powerful witness, inspiring worship and dynamic liturgies, Steubenville Conferences offer youth & young adults the opportunity to encounter Christ and to see the truth and beauty of our Church. To be loved so that they may go out into the world and love one another!

July 17, 18 & 19, 2020

**Cost: \$350**

**Includes: Dorm, Food, Transport & T-Shirts**

**\*Fundraising & Scholarships Available\***

Thank You And God Bless!

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Join us at Camp Golden State for the best summer camp experience that the West Coast has ever seen. With obstacle courses, adoration, messy games, daily Mass, high ropes course, and so much more, come grow in faith and community in a fun, welcoming environment. Golden State is truly one-of-a-kind. Nestled up near Big Bear Lake in the mountains of Southern California, breathtaking views, a gorgeous lake, and much more fill this 270-acre retreat center. We hope you will join us at Camp Golden State soon!

**SBLT 5-Day Summer Camp!**

June 22 - 27

**Cost: \$700**

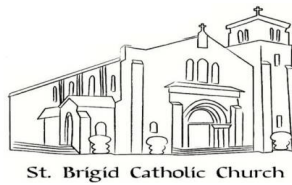
**Includes: Cabin(Non-Co Ed), All Meals, Transportation, T-Shirts, Camp Reg. Fee**

Thank You And God Bless!

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St. Brigid's  
Youth Center



St. Brigid Catholic Church



**EDGE**  
Catholic Middle School Ministry

**REGISTRATION**

2019 - 2020

STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PARENT EMAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

## PARENT INFORMATION

FATHER'S NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

STEP FATHER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

STEP MOTHER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

## SACRAMENTS

\* BE AS ACCURATE AS POSSIBLE \*

CHILD'S BIRTHDAY: \_\_\_\_\_

BAPTISM DATE: \_\_\_\_\_ CHURCH: \_\_\_\_\_ TOWN: \_\_\_\_\_

EUCCHARIST DATE: \_\_\_\_\_ CHURCH: \_\_\_\_\_ TOWN: \_\_\_\_\_

RECONCILIATION DATE: \_\_\_\_\_ CHURCH: \_\_\_\_\_ TOWN: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ FUTURE H.S.: \_\_\_\_\_

### For Office Use Only:

DATE: \_\_\_\_\_

METHOD OF PAYMENT: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

RECEIPT GIVEN: \_\_\_\_\_

**\$20**

**\* Please Note \***

Youth Groups do participate in Extra Activities that involve more cost, but notice will be given ahead of time. FUNDRAISING will be available throughout the year. \*

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Follow Us On Social Media:



St. Brigid's Youth Center



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[stbrigidyouthcenter.org](http://stbrigidyouthcenter.org)



## St. Brigid's LifeTeen Youth Events 2019-2020

<b>Life Chain</b>	<b>Free</b>	<input type="checkbox"/> Yes, I give my teen permission to participate in this pro-life demonstration <input type="checkbox"/> No, my teen is not participating
<b>Inspiration LA</b>	<b>\$75</b>	<input type="checkbox"/> Yes, my teen will be participating
<b>The Visitation</b>	<b>\$20</b>	<input type="checkbox"/> Yes, my teen will be participating
<b>Walk for Life</b>	<b>\$25</b>	<input type="checkbox"/> Yes, my teen will be participating
<b>Steubenville</b>	<b>\$350</b>	<input type="checkbox"/> Yes, my teen will be participating
<b>Camp Golden State</b>	<b>\$700</b>	<input type="checkbox"/> Yes, my teen will be participating
<b>T-Shirts</b>	<b>\$20</b>	<input type="checkbox"/> Yes, I would like to buy
<b>TOTAL</b>	_____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Payment Plan

Thank You And God Bless!

# ANNUAL - PHOTOGRAPHY RELEASE AUTHORIZATION

## PR Release

### Release for Diocesan Production for the Diocese of Fresno (DOF) and all Entities for the Diocese of Fresno (DOF)

Parents / Guardians: This form must be completed in order for your child to participate in this event or function. Please respond accordingly to the authorized use of your child's photograph or video image in a DOF produced public-relations document.

NAME OF PARISH OR SCHOOL	NAME OF GROUP
NAME OF EVENT	DATE OF EVENT

#### **PARTICIPANT AGREEMENT:**

I hereby grant the Diocese of Fresno and its entities (hereinafter called Producer), their nominees, designees, and successors full authorization and the absolute right and permission to sell, assign, convey, reproduce, copyright, use or publish photographic reproductions, portraits, or pictures of me, motion picture or video tape pictures of me, or in which I may be included in whole, in part, or in composite, or in which character or form is distorted, in conjunction with my own or any other picture, product, person, name or reproduction, in color or otherwise, made through any media at its studios or elsewhere, for art, advertising, commerce, business or trade, or any other lawful purpose whatsoever.

I hereby waive any right I may have to inspect or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to hold harmless PRODUCER, its nominees, designees, or successors, and assignees or others for whom they are acting from any liability of any nature or description by virtue of any use whatsoever, whether intentional or otherwise, or from any change that may occur or be produced in the taking of said picture or pictures, or any processing tending towards the completion of the finished product, unless it can be shown that said use or change is solely for its purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

PRINT NAME OF PARTICIPANT	SIGNATURE OF PARTICIPANT
ADDRESS	
TELEPHONE	EMAIL

#### **PARENT / GUARDIAN AUTHORIZATION FOR A MINOR**

If the participant is under 18 years of age, the parent or legal guardian of the above participant must provide the following information and must check one of the following and sign.

- ☐ As the parent and/or legal guardian of the above named participant, **I do hereby consent and grant my permission** to all of the foregoing.
- ☐ As the parent and/or legal guardian of the above named participant, **I do not give my consent** for my child to be photographed, but I understand that it will be the responsibility of the participant to make every effort possible from participating in any posed pictures. If a picture or pictures are inadvertently taken, then I agree to review the photographs or video within the given time frame in order to identify my child to avoid any reproduction or usage of that image and/or images.

PRINT NAME OF PARENT / GUARDIAN	SIGNATURE OF PARENT / GUARDIAN
SIGNATURE OF WITNESS	DATE

**Diocese of Fresno (DOF) and Entities of the Diocese of Fresno:  
Code of Conduct Agreement for Participants under the age of 18  
and Non Participating Parents or Guardians**

<b>NAME OF PARISH OR SCHOOL</b>	St. Brigid Catholic Church	<b>NAME OF GROUP</b>	St. Brigid Youth Ministry
<b>NAME OF EVENT</b>	<b>2019-2020 Parish Religious Education</b> <i>(Use Event Form for Individual Activities or Events)</i>		

In order to participate in any youth activities sponsored by DOF, all youth participants, under the age of 18, and a parent or legal guardian must sign that they have read and agree to the following:

**PARTICIPANT AGREEMENT** (under the age of 18):

I agree to politely obey the requests and directions of the adult leaders.

I agree to stay with my assigned group or buddy at all times.

I agree to participate in the approved activities at all times.

I agree to dress appropriately at all times.

If the event involves an overnight stay, I agree to stay in my assigned room and observe the bedtime and quiet hours schedule until group activities begin the next day unless otherwise directed by an adult leader.

I agree to be on time to activities and will observe all check-in rules.

I agree to treat others with respect and will not engage in behavior that reflects poorly on me or the group which includes, but not limited to: stealing, swearing, fighting, being physically or verbally abusive, being dishonest, damaging property, threatening others, or engaging in disruptive behavior.

I agree not to participate in hazing, teasing, bullying, or similar activities.

I agree not to engage in any illegal activities including, but not limited to: smoking, using drugs, gambling, possession of tobacco, drugs, or any weapons.

As a participant, I will take responsibility for my actions and understand that I will be sent home if I do not comply with this Code of Conduct to the satisfaction of the adult leaders.

<b>PRINT NAME OF PARTICIPANT</b>	<b>SIGNATURE OF PARTICIPANT</b>
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**PARENT / GUARDIAN AGREEMENT** (requires signature and all contact information)

I have reviewed the Code of Conduct with my child. He or she understands that the Code of Conduct and promises to comply with the demands in order to participate.

If my child does not comply with this Code of Conduct to the satisfaction of the adult leaders, I agree to immediately retrieve my child from the activity or event, at my own expense.

<b>PRINT NAME OF PARENT / GUARDIAN</b>	<b>SIGNATURE OF PARENT / GUARDIAN</b>
<b>HOME PHONE NUMBER</b>	<b>WORK PHONE NUMBER</b>
<b>CELLULAR NUMBER</b>	<b>OTHER MEANS OF CONTACT</b>



**Diocese of Fresno (DOF) and all Entities of the Diocese of Fresno:  
Permission for a Minor to Participate in a DOF Activities, Release of  
Liability, and Consent for Emergency Medical Treatment**

Parent / Guardian: In order for your child to attend and/or participate in DOF sponsored events, activities, or sports during this calendar year, you must give your signed permission by completing this ANNUAL form. In addition to this form, you will also be required to sign permission PR21 Event Forms for your child to participate in specific DOF sponsored events, activities and sports conducted off parish grounds.

<b>NAME OF PARISH OR SCHOOL</b>	St. Brigid Catholic Church
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<b>NAME OF GROUP</b>	St. Brigid Youth Ministry
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I, the undersigned parent or legal guardian, voluntarily wish to give permission for and request that my child be allowed to attend and participate in DOF-sponsored events and activities during this calendar year including those conducted off parish grounds. My child is physically fit and capable of participating in DOF events and activities. I have informed my child to cooperate and conform with the rules, guidelines, and instructions given by DOF personnel or agents, or chaperones, or responsible for DOF events and activities. If requested, I will sign a permission and release PR20 Form for each specific event or activity conducted off DOF grounds. I reserve the right to disallow my child to participate in DOF -sponsored events by notifying the leader in writing.

I understand that participation in this activity involves some risk (including any travel to and from this activity) and that unforeseen occurrences can arise. I am informed and agree that transportation, if involved, may be provided by volunteers, parents, private individuals, or approved commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the Diocese of Fresno.

In exchange for permitting my child to participate in this voluntary activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against DOF. I release and discharge the DOF from all liability or responsibility for death, illness, personal injury, or property damage arising out of DOF activity and any transportation involved with the DOF activities.

In the event of an emergency and if the DOF is unable to contact me, I authorize the DOF personal or other adult leadership of a parish-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, the DOF will not be responsible to pay for any medical or dental expenses. A copy or digital image of this form shall be valid as the original and may be given to the adult leader of parish-sponsored activities.

This permission, waiver, release, and consent applies to the DOF named, including but not limited to the Diocese of Fresno Education Corporation; the Roman Catholic Bishop of Fresno (a corporate sole); the Diocese of Fresno; other Fresno Diocesan Parishes and Schools; affiliated organizations and officers; clergy; agents; and employees.

This waiver and release form is signed in order for my child to participate in the DOF -sponsored events and activities for my child's own personal enjoyment and benefit and is done so freely with the knowledge of the risk and dangers that are or may be involved.

I authorize any hospital which has provided treatment to the named participant pursuant to the provisions of Family code section 6910 to surrender physical custody of such minor to the DOF representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

I, the undersigned, have read this release and understand all of its terms. I request that my child be allowed to participate in DOF -sponsored events and activities. I execute this form voluntarily and with full knowledge of its significance. I have discussed the above with my child, and my child is aware of and understands the importance of following all rules set out for these events, activities, or sports. A copy or digital image of this form shall be as valid as the original authorization and may be given to the adult leader of the events, activities, or sports.

<b>PRINT NAME OF PARTICIPANT</b>	<b>DATE</b>
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<b>PRINT NAME OF PARENT / LEGAL GUARDIAN</b>	<b>SIGNATURE OF PARENT / LEGAL GUARDIAN</b>
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**CONTINUE ON REVERSE AND COMPLETE BOTH SIDES OF FORM**

# **Diocese of Fresno (DOF) and all Entities of the Diocese of Fresno : Permission for a Minor to Participate in DOF Activities, Release of Liability, and Consent for Emergency Medical Treatment**

The following information is provided for the benefit of the parish in case of an emergency.

<b>PRINT NAME OF PARTICIPANT</b>		<b>DATE OF BIRTH</b>	
<b>PRINT NAME OF PARENT / LEGAL GUARDIAN</b>		<b>PAGER / CELLULAR TELEPHONE NUMBER</b>	
<b>DAYTIME TELEPHONE</b>	<input type="checkbox"/> HOME <input type="checkbox"/> WORK	<b>EVENING TELEPHONE</b>	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
<b>EMERGENCY CONTACT</b> (OTHER THAN PARENT / GUARDIAN)			<b>RELATIONSHIP</b>
<b>EMERGENCY CONTACT DAYTIME TELEPHONE</b>	<input type="checkbox"/> HOME <input type="checkbox"/> WORK	<b>EMERGENCY CONTACT EVENING TELEPHONE</b>	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
<b>ALLERGIES</b> (FOODS, DRUGS, INSECTS, ETC.)			
<b>MEDICATIONS</b> (NAME, DOSAGE, TREATMENT)			
IF ANY MEDICATION IS LISTED: FORMS R18 OR R19 MUST BE COMPLETED AND ATTACHED			
<b>OTHER INFORMATION</b>			

## **DOCTOR'S / MEDICAL GROUP INFORMATION**

**FAMILY DOCTOR  
OR MEDICAL GROUP**

**DOCTOR'S  
TELEPHONE**

☐ No Family Physician Listed

**DENTIST'S NAME  
OR MEDICAL GROUP**

**DENTIST'S NAME  
TELEPHONE**

**ORTHODONTIST'S NAME  
OR MEDICAL GROUP**

**ORTHODONTIST'S NAME  
TELEPHONE**

## **INSURANCE INFORMATION**

**INSURANCE  
COMPANY**

**POLICY HOLDER'S  
NAME**

**INSURANCE GROUP  
OR ID NUMBER**

☐ No insurance Listed

**DATE RECEIVED AND BY**

# Looking For... **Parent Volunteers**



559-589-1916

*Can you help our Youth Group?*

- ☐ **Chaperone**
- ☐ **Photographer**
- ☐ **Decoration Team**
- ☐ **Make Phone Calls**
- ☐ **Finance Coordinator**
- ☐ **Bulletin Board Creator**
- ☐ **Parent Helpers during Youth Group**
- ☐ **Bon Voyage Coordinator**  
(make care packages when youth group leave for retreats/events)
- ☐ **Food Preparation**  
(organize and prepare snacks for youth group breaks – 2 weekends/year)
- ☐ **Donate Food for Snacks**  
(bring snacks for youth group breaks – 2 weekends/year)
- ☐ **Social Media Coordinator**  
(Do you know Facebook, Instagram, or Snap Chat?)
- ☐ **Christmas Parade Float Coordinator**
- ☐ **Retreat Driver** (Transport youth to retreats, events, etc.)

**COUNT ME IN!** I WOULD LIKE TO VOLUNTEER FOR THE ST. BRIGID'S YOUTH MINISTRY IN ABOVE AREAS, HERE IS MY CONTACT INFORMATION...

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MY CHILD PARTICIPATES IN: CONFIRMATION \_\_\_\_\_ HIGH SCHOOL \_\_\_\_\_ JR. HIGH \_\_\_\_\_

**THANK YOU IN ADVANCE FOR YOUR HELP & SUPPORT!**

