

Adult leaders are needed to make the youth rally run smoothly!

- I would like to chaperone the whole event.
- I would like to chaperone for part of the event.
- I will keep the group in my prayers.

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Signature

If you have any questions please contact  
your parish youth minister:

**God is  
Grrrrrrreat!**



**Middle School Youth Rally  
Saturday, October 9, 2010  
Regis Middle School**

*This event is brought to you by CRAYM®,  
where youth ministers unite to serve God and youth!*

# Middle School Youth Rally

Saturday, October 9th at 3:30pm

Regis Middle School

# Cedar Rapids Area Middle School Youth Rally

## Permission Form

Date: October 9, 2010

Person in Charge: CRAYM

Grades: 6th-8th

Cost of the Event: \$20

Rally includes keynote, entertainment, pizza dinner, Liturgy, and a dance.

Doors open at 3:00pm. (Please do not arrive early)

**Rally begins at 3:30pm sharp**

The rally ends at 9:30 pm.

(Please have your ride waiting for you)

You must register for the rally by **October 1st**

There will be **NO WALK-IN Registrations!**

**Cost is \$20 - NO Refunds!**

Please make checks payable to:  
Archdiocesan Deposit and Loan

Come join the SPOONMAN as he provides a grrreat afternoon of faith, fellowship and fun!

### NEED DIRECTIONS?

Regis Middle School  
735 Prairie Drive NE  
Cedar Rapids, IA

From I-380  
Take the 29th St. exit  
Turn R onto Prairie Dr.

From 1st Avenue  
Turn onto 27th St. NE  
Turn L on Franklin -

RETURN FORMS BY OCT. 1st

St. Jude Parish  
Erin Hughes  
50 Edgewood Rd NW  
Cedar Rapids, IA 52405

Participant Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Parish \_\_\_\_\_

**Section 1** - By signing this section, I (parent/guardian) certify that I request and give my permission for \_\_\_\_\_

(name of student/participant)

to attend this event. Further, I have previously completed the *Annual Parental/Guardian Consent Form and Liability Waiver* and agree to the conditions as set forth.

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

Contact Phone number(s) \_\_\_\_\_

**Section 2** - Nonprescription Medication Permission - By signing this section, I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child.

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

**Section 3** - Please list (continue on reverse side if needed) any medical information important for the adult in charge to know and/or any changes in this child's medical condition or emergency contact information since the completion of the *Annual Parental/Guardian Consent Form and Liability Waiver*.

Archdiocesan Policy 5141 covers the administration of prescription medication; contact the program administrator for additional information.

Supervisor's Signature         Sarah White          
(Principal, C/DRE, Youth Director, Pastor, etc.)

*This is the only permission slip that will be accepted for this event*