Immaculate Conception
Cardboard City
October 11,2013

Imagine having no place to call home - nowhere to feel safe, nowhere to keep your things, and nowhere to take shelter from a storm.

Homelessness is a serious issue within the United States and around the world. Homelessness includes a broad spectrum of people including families with children. In these tough economic times when more and more people are losing their homes and have no place to live, we want to recognize how extremely devastating the issue of homelessness is for people and how it impacts the way they are treated. Through education, service and advocacy, we hope to promote in our community solidarity with the poor by gaining an understanding of the issues of poverty, a belief in the inherent dignity of all people, and our responsibility to uphold the common good of society.

Come join your Youth Group Adult Leaders and your fellow students for this great learning experience!

Who can participate?

- Students in 6th, 7th & 8th grades
- High School Students

Where?

- The Pre-K wing next to the church by the handicapped ramp

When?

- Friday, October 11, 2013 from 9:00pm through 9:00 am Saturday morning
- Permission slips need to be in to Parish Office by October 8, 2013

If you have any questions or concerns, please send me an email to Youthgroup@icspotswood.com

Cardboard City Fact Sheet

What should students bring?

- Cardboard Box
- Tape
- Tarp for under box
- Sleeping bag
- Warm socks, hats, gloves & scarves
- Jacket and sweatpants
- Flashlight
- Rosary
- A non-perishable food item which will be donated to a food shelter

What should they **not** bring?

- Cell phones
- iPods, mp3 players and any other electronic devices (Chaperones will have cell phones)
- Snacks & drinks

Friday

9:00 pm Students are to arrive and will have 1 hour to build their box shelter (parents can help).

10:00 pm Presentation on homelessness and discussion

11:00 pm Students will be provided with simple meal of soup, bread and water.

We will conclude the evening by praying the rosary for the homeless before camping out in our shelter for the night

Saturday

8:15 am Miraculous Medal Novena and Mass (parents are welcome to attend)

9:00 am Pickup students same place they were dropped off.

Diocese of Metuchen
Office of Youth & Young Adult Ministry
Teen Permission Slip

(ONE FORM MUST BE COMPLETED FOR EACH TEEN ATTENDING)

Activity: Cardboard City **Location: Immaculate Conception Spotswood, NJ 08884** **Date: October 11-12, 2012 9:00p.m.-9:00a.m.**

PLEASE PRINT CLEARLY

Parish Town: **Spotswood** Parish Name: **Church of the Immaculate Conception**

First name: _____ Last Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

D.O.B. _____ Age: _____ Sex: M ___ F ___ Grade ___ School: _____

Mode of Transporation: _____

Departure Time: _____ Return Time: _____

Parent/Guardian name: _____ Home Phone #: ( ) _____

Parent/Guardian Work #: ( ) _____ Cell Phone #: ( ) _____

Emergency Contact: _____ Best # to be reached during activity ( ) _____

Health Insurance Company _____ Policy & Group #: _____

Family Physician _____ Phone: ( ) _____

Medical Conditions to be aware of: (Circle) Seizures, Asthma, Migraines, and Diabetic Other: _____

Allergies: Peanut, Latex, Dyes, Other _____ Medication Allergies _____

List all current medications and reason: _____

List Dietary Restrictions: _____

Are immunizations up to date? Yes No Date last tetanus immunization: _____

For International Travel Only: Exact Passport Name: _____

Date Issued _____ Passport Number _____

Date Expires: _____

Parent /Legal Guardian's Signature _____ Date: _____

Parents or Guardians: Please sign both side page 1 and page 2.

Make checks payable to _____. Do not send cash in the mail. Registration will not be accepted without a completed registration form and payment! Notary required **only** if out of state activity.

For additional information contact: Parish Youth Minister: **Nancy Miller / Msgr. Joe Curry**
Youth Minister Cell During Act: **732-718-9301 / 732-251-3110** .

Diocese of Metuchen
Office of Youth & Young Adult Ministry
Teen Permission Slip

Parent/Guardian: Please read carefully and sign below.

I/we consent to my child, _____ ("my child"), participating in the above described activity and consent to the mode of transportation as indicated.

I/we specifically waive and release any and all claims of any nature which I/we may have now or in the future against the above named parish and/or school, the Diocese of Metuchen, their representatives, employees, agents and assigns (including, but not limited to, staff and adult supervisors) arising out of, related to, or connected in any way with the above described activity including, but not limited to, claims that may be derived from any accident or injury sustained by my child or damages or loss to property in route to, during, and/or returning from the activity.

AUTHORIZATION FOR MEDICAL TREATMENT

Should emergency medical treatment be necessary and I/we cannot be reached immediately, I/we authorize the delegated agents of the above-named parish to consent to medical or surgical treatment of an emergent or non-emergent nature, including in-patient or out-patient hospitalization, to be rendered to my child under the general or special supervision and advice of a physician, surgeon or dentist. Such consent may include, but it not limited to, medical or surgical diagnosis or treatment, diagnostic tests, blood tests, x-rays, transfusions, intravenous treatments, administration of medication or anesthetics, and any related procedures that may be deemed advisable or necessary. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to the delegated agents of the above-named parish to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, surgeon or dentist, in the exercise of his/her best judgment, may deem advisable. I/we understand that I/we assume all financial responsibility for the delivery of such care at the time that such care is provided by the agency, hospital, or facility. I/we further understand that Diocesan and/or parish representatives are NOT permitted to dispense medication. In the event that my child requires medication during the above described activity, I/we understand that my child must be trained to self-administer medication or have a parent in attendance to administer medication.

PHOTO RELEASE

I/we hereby grant to the Diocese of Metuchen and its parishes, schools and assigns, the irrevocable and unrestricted right to use, reproduce and publish photograph(s) or video(s) of my child, including their image and likeness for Diocesan, parish or school publications, advertising, or website(s), or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I/we hereby release The Diocese of Metuchen and its trustees, officers, employees, agents, legal representatives, and assigns from any and all claims, actions, and liability of whatever nature and relating to the use of said photograph(s) and/or video(s).

DISCIPLINE / TRANSPORTATION OR DAMAGE COSTS

I/we agree that I/we have read and fully understand the *Office of Youth & Adult Ministry's Policies and Rules of Conduct* (SEE PAGE 3 & 4) and I/we agree to adhere to them. I/we agree to respect the rights and property of others and further understand that vandalism, stealing or insubordination will not be tolerated. I/we assume all responsibility for any and all financial obligations that result from any such behavior or the violation of the Policies and Rules of Conduct. Should it be necessary for my child to return home due to medical reasons, disciplinary actions or otherwise, I/we assume all responsibility and transportation costs.

In witness thereof, *the undersigned, intending to be legally bound hereby sets their hand and seal the date written below.*

Parent/Guardian Name (Print): _____ Date: _____

Signature of Parent/Guardian: _____ Phone: _____

Address _____ City _____ State _____ Zip Code _____

During the hours of this trip/activity I can be reached at (phone/cell phone number) **( )** _____

FOR OUT OF STATE ACTIVITY ONLY:
Notary Signature (REQUIRED): _____ **Date:** _____