

Middle school youth (grades 6-8) from around the diocese will gather at the annual "**Grásta Dé!**" diocesan Middle School Youth Ministry Day, and **Holy Spirit** is bringing a group! **Grásta Dé!** (Gaelic for "God's Grace") will be held Sunday, Oct. 15 from 1-7pm at Andean HS, 5959 Broadway, Merrillville. Featuring upbeat music, youth-friendly learning sessions, pizza, dancing, skits, and meeting other youth from across the diocese who LOVE CHRIST and aren't afraid to show it! Includes mass with **Bishop Hying**, and this year a concert with Catholic hip-hop artist **Joe Melendrez!**

See **Rochelle**, or **Laura Bender**, for more information, and visit www.grastade.com.

Grásta Dé! = God's Grace!

(gaelic; pronounced "GRAWSS-tuh jay!")

Perhaps you have older brothers and sisters who have participated in Diocese of Gary high school events like TAPT and CYX. Now youth in grades 6-8 have their OWN day to celebrate their faith!!!

when? Sunday, October 15, 2017 from 1-7 pm

where? Andean High School

cost? \$10 (t-shirt's may be purchased for an additional \$12)

YOU MUST REGISTER AND ATTEND WITH HOLY SPIRIT YOUTH MINISTRY (S.W.A.T.)

Complete the "Participant Info Collection Form" (below) and "Consent to Participate, Waiver form" (attached) and return to Rochelle McNamara in the Formation Office along with \$10 or \$22 if purchasing a t-shirt. Check payable to "Holy Spirit" write "Grasta De in Memo area of check.

You will be responsible for getting your child to and from Andean. They should not arrive before 1pm.

DIRECTIONS TO ANDEAN HIGH SCHOOL, MERRILLVILLE:

From the North: (Toll Road or 80/94) Travel South on I-65 to 61st Avenue exit in Merrillville. Turn right (west) on 61st Avenue. Proceed to Broadway (53) (approx. 1 mile). Turn right (north) on Broadway. Andean is approximately ½ block on right.*

From the South or (East US 30) Travel North on I-65 to 61st Avenue exit in Merrillville. Turn left (west) on 61st. Proceed to Broadway (53) (approx. 1 mile). Turn right (north) on Broadway. Andean is approximately ½ block on right.*

*** Grásta Dé! parking and entrance is in the rear parking lot, BEHIND the school! Access to the lot is the drive on the south of the property, near the Ultra Foods grocery store! (See pic above)**

Enter through Door L.



Don't arrive too early! It's important to note that 1:00-1:20 is designed to be an arrival and hospitality period with praise and worship. The event begins with Mass. A pizza party break will follow Mass (Appr. 3pm). Please remind your child to eat a big breakfast or an early lunch before arriving, respecting the "one hour rule" prior to our Mass, which begins at 1:30.

Grasta De Registration Form

Registrant First Name (Nombre): _____

Registrant Last Name (Apellido): _____

Address (Dirección): _____

City (Ciudad): _____ State (Estado): _____ Zip (Código postal): _____

Primary Parent/Guardian Phone (Teléfono Primario):

Guardian Name _____ home _____ cell _____

Email Address (parent email address is OK): _____

GRADE (please circle): 6TH 7TH 8TH Adult

SEX (please circle): MALE FEMALE

If you want a T-Shirt you may purchase a Grasta De T-Shirt for \$15. These must be ordered ahead of a time

T-Shirt: (please circle)

Youth-XL Adult-SM Adult-MED Adult-LG Adult-XL Adult-2X Adult-3X

_____ **Cost \$10. (Make checks Payable to Holy Spirit. Add Grasta De to memo line.)**

_____ **Yes, I want a T Shirt, I have included an additional \$15.**

Total Paid _____ **Paid by** _____ **Cash** _____ **Check**

GIVE THIS SHEET TO Rochelle McNamara ON OR BEFORE September 28th.

Any GOF student who attends this retreat will be excused from the October Generations of Faith Session. This does not include Confirmation students. I do encourage the Confirmation students especially since this is the last Grasta De they will be able to attend.

You do not want to miss seeing Joe Melendrez live!

Grásta Dé! Middle School Youth Ministry Day – Oct. 15, 2017

Consent to Participate, Waiver and Release

Participant Information

Name: _____ Date of Birth: _____
Street: _____ City: _____ State: _____ Zip: _____
Name of Parent(s) or Legal Guardian(s): _____ Phone: _____

In the case of an emergency, if I cannot be contacted at the address or phone number provided above, please contact:
_____ Phone: _____

Activity Information

Parish/Organization: **DIOCESE OF GARY OFFICE FOR YOUTH & YOUNG ADULTS**
Activity: **Grásta Dé!, Diocesan Middle School Youth Ministry Day**
Place: **Andrean High School, 5959 Broadway, Merrillville, IN 46410**
Dates of Activity: **October 15, 2017** Event Contact Number: **Kevin Driscoll mobile ph 219-552-4060**
Adult Chaperone(s): **Parish-designated youth leader(s); Kevin Driscoll, Diocese of Gary OYYA**

Authorization and Waiver of Risk

I hereby agree and consent to my son/daughter _____ (“Child”) participating in the above-named “Activity”, which includes traveling to and from the above-named “Place.” I further consent to my Child traveling to and from the above-named “Place” by way of *(means of travel)* _____. I acknowledge that, despite careful and proper preparation, there is still a risk of injury when participating in any activity. I release and hold harmless the Diocese of Gary, the Parish, the Parish Youth Minister, the Parish Chaperone, as well as any and all other participating organizations, their officers, agents, representatives, employees, and volunteers from any and all responsibility and liability for any injury, claim, costs, or any other damages whatsoever which may result from my Child’s participation in the above-named “Activity”. I further agree to assume full responsibility for the actions of my Child as well as for the payment of any and all debts incurred by my Child during his/her visit and participation in the above-named “Activity.”

Authorization for Emergency Medical Treatment

I hereby agree and consent to my son/daughter _____ (“Child”) receiving emergency medical treatment in my absence should the need for such treatment arise during my Child’s participation in the above-named “Activity”.

Should the need for emergency medical treatment arise, the following health information pertaining to my Child is voluntarily disclosed:

- a) *Special Dietary Needs:* _____
b) *Medications:* _____
c) *Allergies:* _____

Promotional Photographs

In the interest of promoting future activities, video and still photographs may be taken during this event. This form constitutes written permission for Child’s participation in the videotape and/or photographs, which may be used for future promotional efforts, including the Diocese of Gary website (names are not used in photos).

By signing this Consent to Participate, Waiver and Release, I hereby acknowledge that I have read and fully understand the provisions contained above, and I knowingly consent to my Child participating in the above-named “Activity” and agree to be bound by the terms and provisions of this Consent to Participate, Waiver and Release.

Signature(s) of Custodial Parent(s)

Date

Printed Name(s) of Custodial Parent(s)

TEENS/PARENTS: This form should be given to the group leader, not the Diocese of Gary.

GROUP LEADERS: Please collect all forms for your group and turn them in at check-in at the event

Additional forms may be downloaded and printed at grastade.com.