



DIOCESE OF SAN DIEGO
OFFICE FOR YOUTH MINISTRY

PRESENTS:
SAN DIEGO YOUTH DAY

*Peace
Be Still
Just Chill*

John 20:19-31

SATURDAY, APRIL 27, 2019
10:00 AM - 6:00 PM
MATER DEI HIGH SCHOOL

Featuring:

Noelle Garcia



Emmaus Blvd.



Bishop McElroy



SAN DIEGO YOUTH DAY

Workshop Presenters 2019



A) Noelle Garcia
WONDERFULLY MADE-

Noelle hits the hard issues of self-esteem/poor self-image through her own testimony of struggling with cutting, depression, and suicidal thoughts as a teenager. She walks us through her own healing through God's love and God's desire for each of us to know we are fearfully and wonderfully made in His image.



B) Lailani Gachalian
FAR FROM PEACE-

Overcoming stress, fear, and chaos. This workshop will dive into the inner battles and obstacles that stand in our way to finding peace.



C) Rafael Quevedo
WHO IS THY NEIGHBOR?-

In Matthew 22:37-40 Jesus gives us the Two Great Commandments. It is easy to understand who God is but it is harder to know who our neighbor is, it is even harder to love ourselves and find peace. This workshop will look at who our neighbor is and how we can begin to love ourselves so we can love with the same love we have received from the Lord.



D) Br Bradley Tuel OFM
A MOMENT OF PRAYER-

Centering prayer. This workshop will help teens learn how to take moments of silence and practice them often.

Centering Prayer is a method of silent prayer that prepares us to receive the gift of contemplative prayer, prayer in which we experience God's presence within us, closer than breathing, closer than thinking.



E) Emmaus Blvd.
ELEVATING YOUR PRAYER LIFE THROUGH MUSIC AND SILENCE
WHAT?-

Peace, Be Still, Just Chill. Hmmm. What does that mean for us? In today's fast paced, social media, look at my selfie life, how do we create moments to pray? How do we hear God's voice in our life? Come go on a journey with Emmaus Blvd. where we'll share how we use music to create moments of peace which help us to be still and just chill. It's in our "chill" moments that we're able to hear Christ's voice in our life.

San Diego Youth Day

Code of Behavior

We are happy and excited that you are joining us as part of **2019's San Diego Youth Day (SDYD)**. The *Code of Behavior* has been developed as a way of helping participants understand what is expected of them. The following rules of conduct will help our event go smoothly and ensure the safety of all participants. Please read and sign the form with your parents and return it to your Youth Minister.

1. As necessary as rules are to maintain order, they can't and won't guarantee a successful experience. Success depends on people's willingness to work together for the common good.
2. Participants take part in the San Diego Youth Day (SDYD) as part of a parish or school team. The adult leader of each team maintains primary responsibility for the actions of his or her team members. The sponsoring parish and the families of team members assume responsibility for any damage done to the facilities.
3. Participants are expected to attend all sessions unless explicitly excused by the Program Director.
4. Wristbands should be worn during all program activities.
5. Dress for SDYD is casual; however shirts and shoes must be worn at all times. No short shorts, halter tops, tube tops, or sagging pants, modesty is important. Please keep undergarments under your garments.
6. Socializing should take place only when permitted.
7. Be respectful of your surroundings. Surroundings include people, property, motor vehicles, etc.
8. No fighting, weapons, fireworks, lighters, or explosives are permitted.
9. The purchase, possession or consumption of alcohol or drugs by participants will result in immediate dismissal from the program. Major infractions of the *Code of Behavior* will be met with the same consequences.

I have read and understood this code of behavior and I agree to abide by the rules above. I understand that failure to comply with the code may result in my dismissal from the event.

(Teen Participant)

Date

(Parent/Legal Guardian)

Date

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

PARTICIPANT'S NAME: _____

BIRTH DATE: _____ SEX: _____

PARENT/GUARDIAN'S NAME: _____

HOME ADDRESS: _____

HOME PHONE: () _____ MOBILE PHONE: () _____

I, _____, (parent/guardian) grant permission to _____, (name of youth) to participate in this parish youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees from San Rafael Parish. A brief description of the activity follows:

Name of event or activity: San Diego Youth Day (SDYD)

Date of event: Saturday, April 27th 2019

Destination of event or activity: Mater Dei Catholic High School (1615 Mater Dei Drive, Chula Vista, CA)

Name of individual in charge: Lailani Gachalian

Estimated time of departure and return: 8:45AM Bus pickup at San Rafael. Return at 7:30PM.

Mode of transportation to and from event bus

Cost \$60 includes admission, transportation, lunch (\$65 after March 31-April 3).

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend **San Rafael Parish** (name of parish), the Diocese of San Diego, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Diocese of San Diego, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of San Diego.

Signature _____ Date _____

PHOTO/VIDEO RELEASE

I, _____ (parent/guardian) authorize the Office for Youth Ministry (OYM) of the Catholic Diocese of San Diego, its representatives, or volunteers, to photograph or record on audio or video (tape or digital) _____ (name of youth) for purposes of furthering the mission of the OYM, in this specific case, the creation of publication materials for those who participate in SDYD, April 27, 2019 (event & date). Photos, audio, or video may be used in printed materials and any other visual display or media. I understand that such photos and/or video recordings will be used for OYM related purposes and will not be used for any commercial purpose whatsoever. I therefore hereby waive any kind and all rights I may have for remuneration of any kind that could otherwise accrue for the uses of such photos and/or audio or video recordings.

Signature _____ Date _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for his/her health.

Of the following statements pertaining to medical matters, sign only those that are applicable.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby grant permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment administered by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, please contact:

NAME & RELATIONSHIP: _____

PHONE: _____ FAMILY DOCTOR: _____ PHONE: _____

FAMILY HEALTH PLAN CARRIER: _____ POLICY NUMBER: _____

Signature _____ Date _____

OTHER MEDICAL TREATMENT: In the event it comes to the attention of the parish, the Diocese of San Diego; its officers, directors, agents, volunteers, chaperones, and representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever or diarrhea, I want to be contacted.

Signature _____ Date _____

MEDICATIONS: My child is taking medication at present. My child will bring all medications necessary, and such medications will be well labeled. Names of medications and concise instructions for seeing that the child takes such medications, including dosage and frequency of dosage is as follows:

Signature _____ Date _____

MEDICATIONS:

No medication of any type whether prescription or non-prescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature _____ Date _____

I hereby grant permission for nonprescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

Signature _____ Date _____

SPECIFIC MEDICAL INFORMATION

The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.) _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?

Has child **recently been exposed to contagious disease or conditions**, such as mumps, measles, chickenpox, H1N1, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: