



St. Jude the Apostle Cathedral  
Cathedral Parish of the Diocese of St. Petersburg



August 27, 2017

Dear Parents and Families,

Welcome to a new year of our parish's Youth Ministry programs! Along with Fr. Waters, our clergy, and our core team, I am looking forward to working with you as we lead our teenagers closer to Christ.

Our Youth Ministry programs consist of Edge for middle school students (grades 6-8) and Life Teen for our high school students (grades 9-12). In addition to being well-rounded ministries of pastoral outreach, Life Teen and Edge also serve as our parish's faith formation for middle school and high school youth. Building off of our Fire program and in conjunction with the work of the Cathedral School, we seek to continue the process of building lifelong disciples.

Edge meets on Wednesday evenings from 6-8 PM in the Youth Room, which is adjacent to the Cathedral School office along 58<sup>th</sup> St. N. Life Teen meets on Sunday evenings following 6 PM Mass until 9 PM, also in the Youth Room. 8<sup>th</sup> graders looking to receive the Sacrament of Confirmation in the spring,

In this packet you will find the full schedule for Youth Ministry as well as information about our Safe Environment Policy and Code of Conduct and several forms that must be returned to the parish office as soon as possible. Please also note that there will be parent safe environment presentations on Tuesday, October 3 (high school) and Tuesday, October 10 (middle school).

If you have any questions, comments, or concerns, please feel free to contact me. May God's blessings be with you and your family as we begin this new year!

Yours in Christ,

A handwritten signature in blue ink that reads "John M. Barron".

John Barron

Evangelization and Lifelong Faith Formation

## Life Teen and Edge 2017-18 Calendar

<u>Day</u>	<u>Date</u>	<u>Type</u>	<u>Day</u>	<u>Date</u>	<u>Type</u>
Sun.	9/3/2017	Life Teen Kick-Off	Sun.	1/14/2018	Life Teen
Wed.	9/6/2017	Edge Kick-Off	Wed.	1/17/2018	Edge
Sun.	9/10/2017	Life Teen	- JANUARY 18-21: MARCH FOR LIFE (Life Teen) -		
Wed.	9/13/2017	Edge	Sun.	1/21/2018	Life Teen
Sun.	9/17/2017	Life Teen	Wed.	1/24/2018	Edge
Wed.	9/20/2017	Edge	Sun.	1/28/2018	Life Teen
Sun.	9/24/2017	Life Teen	Wed.	1/31/2018	Edge
Wed.	9/27/2017	Edge	Sun.	2/4/2018	Life Teen
Sun.	10/1/2017	Life Teen	Wed.	2/8/2018	Edge
Tues.	10/3/2017	LT Parent Safe Env. Meetng	Sun.	2/11/2018	Life Teen
Wed.	10/4/2017	Edge	Wed.	2/14/2018	ASH WED. - 6p Edge, 7p Mass
Sun.	10/8/2017	Life Teen	Sun.	2/18/2018	Life Teen
Tues.	10/10/2017	Edge Parent Safe Env. Meeting	Wed.	2/21/2018	Edge
Wed.	10/11/2017	Edge	Sun.	2/25/2018	Life Teen
Sun.	10/15/2017	Life Teen	Wed.	2/28/2018	Edge
Wed.	10/18/2017	Edge	Sun.	3/4/2018	Life Teen
Sun.	10/22/2017	Life Teen	Wed.	3/7/2018	Edge
Wed.	10/25/2017	Edge	Sun.	3/11/2018	Life Teen
Sun.	10/29/2017	Life Teen	Wed.	3/14/2018	Edge
Wed.	11/1/2017	ALL SAINTS - 6p Edge, 7p Mass	Sun.	3/18/2018	Life Teen
Sun.	11/5/2017	FESTIVAL - No Life Teen	Wed.	3/21/2018	Edge
Wed.	11/8/2017	Edge	Sun.	3/25/2018	Life Teen
Sun.	11/12/2017	Life Teen	Wed.	3/28/2018	SPRING BREAK - No Edge
Wed.	11/15/2017	Edge	- MAR. 29-APR. 3: HAITI MISSION (Life Teen) -		
Sun.	11/19/2017	Life Teen	Sun.	4/1/2018	EASTER - No Life Teen
Wed.	11/22/2017	THANKSGIVING - No Edge	Wed.	4/4/2018	EASTER BREAK - No Edge
Sun.	11/26/2017	THANKSGIVING - No Life Teen	Sun.	4/8/2018	Life Teen
Wed.	11/29/2017	Edge	Wed.	4/11/2018	Edge
Sun.	12/3/2017	Life Teen	Sun.	4/15/2018	Life Teen
Wed.	12/6/2017	Edge	Wed.	4/18/2018	Edge
Sun.	12/10/2017	Life Teen	Sun.	4/22/2018	Life Teen
Wed.	12/13/2017	Edge	Wed.	4/25/2018	Edge
- DEC. 15-17: CONFIRMATION RETREAT (8th Grade) -			Sun.	4/29/2018	Life Teen
Sun.	12/17/2017	Life Teen	Wed.	5/2/2018	Edge
Sun.	1/7/2018	Life Teen	Sun.	5/6/2018	Life Teen
Wed.	1/10/2018	Edge			
Wed.	05/09/18	End-of-the-Year Family Barbecue (6:30-8 PM)			

Updated Calendar at [stjudecathedralym.org](http://stjudecathedralym.org)

Subscribe at [Flocknote.com/CathedralAlive](http://Flocknote.com/CathedralAlive) to receive updates to all things Edge and Life Teen



LIFE TEEN



EDGE

# 2017-18 Youth Ministry Program Registration

Registering for: Edge (6th to 8<sup>th</sup>)  Life Teen (High School)

My child is in 8th grade or above and has not yet received the Sacrament of Confirmation:

Student Name: \_\_\_\_\_ Envelope #: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (Apt #)  
\_\_\_\_\_  
(City) (State) (ZIP Code)

School Attending: \_\_\_\_\_ Grade Level 2017-18: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex: F | M T-shirt Size (men's/unisex): \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Church of Baptism: \_\_\_\_\_  
(City) (State)

Known Allergies/Special Considerations: \_\_\_\_\_

### Parent/Guardian Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Cell Phone# \_\_\_\_\_ Religion: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Cell Phone# \_\_\_\_\_ Religion: \_\_\_\_\_  
Email: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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Please return this form along with attached forms and program payment to the Parish Office by **SEPTEMBER 15, 2017**. If proper forms are not received, your child(ren) will not be registered and thus will not be allowed to participate.

**Registration Fee: \$50**

*Please make all checks payable to: **St. Jude the Apostle Cathedral***

**For Office Use:** Check# \_\_\_\_\_ Cash \_\_\_\_\_ Date Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_  
Safe Environment Acknowledgement \_\_\_\_\_ Media Release \_\_\_\_\_ Medical Release \_\_\_\_\_

**Parish Name: ST. JUDE THE APOSTLE CATHEDRAL**  
**Parish Address: 5815 5<sup>TH</sup> AVE. N, ST. PETERSBURG, FL 33710**  
**Parish Phone Number: (727) 347-9702**

IN CASE OF AN ACCIDENT OR SERIOUS ILLNESS, THE ABOVE PARISH WILL CONTACT THE PARENT/GUARDIAN LISTED BELOW. IF THE PARISH IS UNABLE TO REACH THEM, OR ANY OTHER PERSON DESIGNATED, THEN I HEREBY AUTHORIZE THE CHURCH AND ITS REPRESENTATIVES TO CONTACT MY CHILD'S PHYSICIAN AND/OR MAKE ARRANGEMENTS FOR IMMEDIATE EMERGENCY TREATMENT. PAYMENT OR FEES FOR ALL MEDICAL SERVICES WILL BE THE RESPONSIBILITY OF THE PARENT/GUARDIAN. **THIS MEDICAL RELEASE IS VALID FROM AUGUST 1, 2017 UNTIL JULY 31, 2018 AND FOR ALL EVENTS THROUGHOUT THE YEAR. I UNDERSTAND THAT IT IS THE PARENT'S RESPONSIBILITY TO UPDATE THIS FORM AS NECESSARY THROUGHOUT THE YEAR.**

Youth's Name: \_\_\_\_\_

Parent or Legal Guardian's Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Emergency contact information: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co. Name \_\_\_\_\_ Medical Insurance: ID number \_\_\_\_\_

Group Number \_\_\_\_\_ Cardholder's Name \_\_\_\_\_

**Health Information**

List all medications taken daily and/or regularly: \_\_\_\_\_

Youth/participant's allergies, if any, including medication and food allergies: \_\_\_\_\_

Youth/participant's chronic medical problems (e.g. diabetes, epilepsy): \_\_\_\_\_

Youth/participant's other physical restrictions or dietary requirements (if any): \_\_\_\_\_

Date of Tetanus: \_\_\_\_\_ Other medical: \_\_\_\_\_

**Other medical treatment:** In the event it comes to the attention of the Church representatives, volunteers or employees that my child has become ill with symptoms such as headaches, vomiting, sore throat, fever, diarrhea, I want to be called collect.

**My child may be given:** Tylenol (circle: yes / no); Ibuprofen (circle: yes / no); Throat lozenges (circle: yes / no); Benadryl (circle: yes / no).

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**STATE OF FLORIDA, COUNTY OF \_\_\_\_\_**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ who [ ] is personally known to me, or [ ] who produced the following as identification \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Typed or printed name

Commission No. \_\_\_\_\_

## Promotional Media Release

During the 2017-18 Pastoral Year, \_\_\_\_\_ may participate  
(Youth Name)

in videotape, motion picture, audio recording or still photograph productions that involve the use of students' names, likenesses or voices. Such productions may be used for educational or exhibition purposes by St. Jude the Apostle Cathedral in perpetuity and may be copied, copyrighted, edited, and distributed by St. Jude the Apostle Cathedral in perpetuity unless said consent is revoked in writing.  
(Parish Name)

News media, including representatives of television, radio, newspapers and magazines, also often are permitted on parish property and may take notes, still, photos, sound recordings and/or moving pictures that may include your child. These items may appear or be used in news or feature stories by print, television or radio media.

You have the right to object to the use of your child's name, picture or voice in these productions and may do so by completing the form below and returning it to the Parish Director of Faith Formation for St. Jude the Apostle Cathedral.  
(Parish Name)

If you have any questions, please contact the faith formation office at:  
office@cathedralofstjude.org or (727) 347-9702. Please return this form by September 15, 2017.  
(Date)

I/We, the undersigned, **do/do not** hereby consent that:  
(Circle One)

St. Jude the Apostle Cathedral may use the name, portrait, or other likeness of my child for  
(Parish Name)  
St. Jude the Apostle Cathedral bulletin boards, Website, news releases, media and promotional activities.  
(Parish Name)

This consent is renewed at the beginning of each Faith Formation Program Year.

**(complete one for each child)**

Student's Name

Date of Birth

\_\_\_\_\_  
Father or Legal Guardian's Name (print)

\_\_\_\_\_  
Father or Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother or Legal Guardian's Name (print)

\_\_\_\_\_  
Mother or Legal Guardian's Signature

\_\_\_\_\_  
Date

**St. Jude the Apostle Cathedral  
Youth Ministry Policies and Procedures Acknowledgement Form**

1.) Policies for the Protection of Children and Vulnerable Adults

I acknowledge that I have received, read, and understand the policies of the Diocese of St. Petersburg's Policies for the Protection of Children and Vulnerable Adults. I agree to abide by the policies contained therein.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

2.) Code of Conduct for Children and Youth

I acknowledge that I have received, read, and understand the policies of the Code of Contact for Children and Youth and have reviewed the policies with my child. We agree to abide by the policies contained therein.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Youth Name

\_\_\_\_\_  
Date