

# GET IN A JAM

Get ready for a high-energy night of frenzy with ridiculous fun as we hang out with old and new friends, eat delicious food and learn more about the ONE who made us.

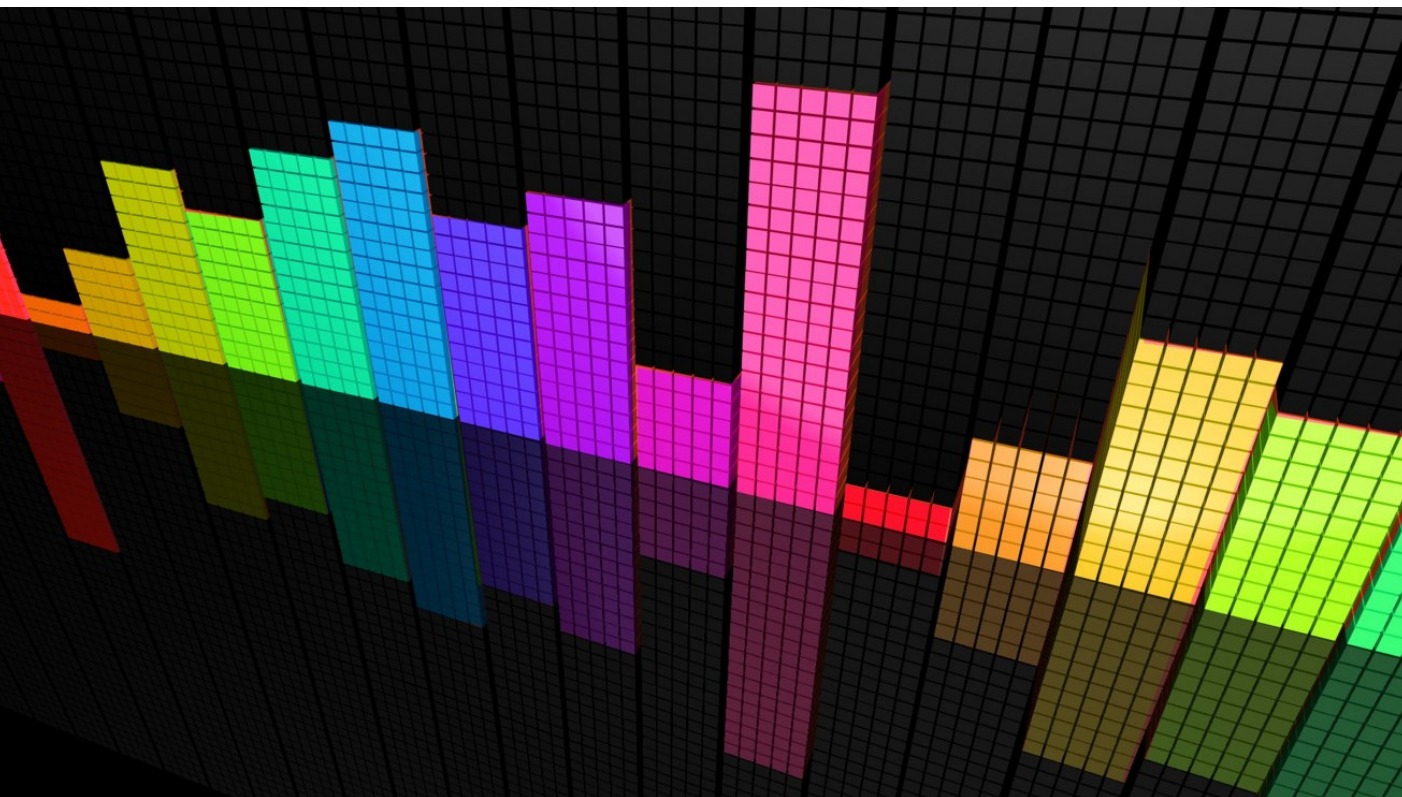
BEATITUBE with us on YouTube, make your own vids and have an all-night bash! Register now!!

## Catholic Youth Ministries

101 St. Anthony Drive  
Mt. St. Francis, IN 47146

## CONTACT US

nadyouth.org  
812-923-8355  
sandy@nadyouth.org



**the JAM**  
MIDDLE SCHOOL YOUTH

## Location

Come to Sacred Hearts School in Jeffersonville, 1842 East 8th St., Check in begins at 6 pm. Parents can pick up students on Saturday, April 28th at the same location at 12 NOON.

# APRIL 27-28

## What to bring?

An overnight event, so pack what you will need. Sleeping bag, pillow, comfy clothes, toiletries. We will supply dinner, breakfast and snacks.

## Registration

Youth Name \_\_\_\_\_  
City/St/Zip \_\_\_\_\_  
Parish \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Email \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: M F  
School: \_\_\_\_\_  
Parent Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Email \_\_\_\_\_  
Other Parent Name \_\_\_\_\_  
Other Parent Phone \_\_\_\_\_  
Address (if different from participant)  
\_\_\_\_\_  
\_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Emergency Contact # \_\_\_\_\_

## Medical Insurance

Allergies \_\_\_\_\_  
Medications \_\_\_\_\_  
Family Physician \_\_\_\_\_  
Physician Phone \_\_\_\_\_  
Insurance company \_\_\_\_\_  
Policy # \_\_\_\_\_

## Waiver

I, the undersigned, parent or guardian of \_\_\_\_\_, a minor, do hereby authorized the adult(s) representing the New Albany Deanery Catholic Youth Ministries as my agents, to consent to any examinations, X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable by a qualified physician or local hospital. A Catholic Youth Ministries Representative agrees to contact the undersigned as soon as possible if any emergency should arise. I will assume responsibility for fees incurred by such an emergency. In addition, I certify that the above information is correct and give permission for the release of medical records to the attending physician. I realize that I cannot hold the parish, the New Albany Deanery Catholic Youth Ministries or the Archdioceses of Indianapolis responsible for such an emergency.  
Parent Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## MIDDLE SCHOOL STUDENTS

Open to all middle school students in the Deanery and their friends. Must have a completed registration and payment to attend.

# \$20

Send in your registration ASAP.  
Register online [nadyouth.org](http://nadyouth.org)  
Mail to our office:  
Catholic Youth Ministries  
101 St. Anthony Drive  
Mt. St. Francis, IN 47150

# 6-8 GRADE OVERNIGHT

Catholic Youth Ministries provides programs and services to the Catholic parishes of Clark, Floyd and Harrison counties in Indiana. We serve families, youth, and young adults by providing services for them to develop and nurture a relationship with Jesus Christ that is lived out in the Catholic faith community!