

# 2013 Youth Spectacular

## The Year of Faith:

### The "Final Four"

*Death, Judgement, Heaven, and Hell*

**Sunday, February 24, 2013**

*All Junior High and High School Students are Welcome to Attend*

### *The Year of Faith: The Final Four*

#### **Guest Speakers:**

Father David Berger  
 Father Tommy Chen  
 Father Bryan Heyer  
 Father Michael Rother

As Catholics, we are called not to simply "bounce" through life, but to be diligent and reflect often on the final four: **Death, Judgment, Heaven, and Hell**. As we meditate on these four last things, we are better able to experience the fullness of life and heed the words of Christ, "Be vigilant, for you know not the hour nor the day."

**Event will be held in the Gymnasium at  
 Holy Family Catholic Church  
 704 Mallette Drive**

**Doors Open at 11:00 a.m.  
 Spectacular begins at 11:30 a.m.  
 and Concludes with Liturgy at 5:00 p.m.**



- Lunch
- Concession Stand
- Keynote
- Activities
- Liturgy

**For more information, contact your  
 parish youth coordinator, Wendy Eggert, or  
 Cassandra Hybner at the  
 Office of Youth & Young Adult Ministry  
 weggert@victoriadiocese.org,  
 chybner@victoriadiocese.org  
 (361) 573-0828**

**Early Registration deadline:  
Thursday, February 14, 2013  
 \$17.00 per-Youth Participant  
 Group Rate of 8 or more \$15.00 per-person  
 (\$7.00 per-Adult Participant)  
 (\$20.00 at the door NO EXCEPTIONS)  
 All fees must be received to the Office of Youth and  
 Young Adult Ministry prior to the event.**

#### **2013 Spectacular Registration**

Name \_\_\_\_\_ Address/City \_\_\_\_\_ Zip \_\_\_\_\_

Parish Name/City \_\_\_\_\_

Attending Adult Sponsor \_\_\_\_\_ Phone No. \_\_\_\_\_

Amt. Pd. \_\_\_\_\_ Ck.#/Cash \_\_\_\_\_

Please return to: Office of Youth and Young Adult Ministry ☩ P.O. Box 4070 ☩ Victoria, Texas 77903 ☩ FAX 361/573-5725  
**DEADLINE:** Thursday, February 14, 2013



**OFFICE OF YOUTH MINISTRY  
DIOCESE OF VICTORIA IN TEXAS  
PERMISSION FORM/MEDICAL RELEASE**

NAME \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
St/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Parish \_\_\_\_\_

**PARENT/LEGAL GUARDIAN'S**

NAME \_\_\_\_\_  
Address (if different than above) \_\_\_\_\_  
Phone (if different than above) (\_\_\_\_) \_\_\_\_\_

**I hereby consent to participation by my son/daughter \_\_\_\_\_ in the Youth Spectacular sponsored by The Office of Youth Ministry of the Diocese of Victoria on February 24, 2013.** I understand that the activity will take place at Holy Family Catholic Church in Victoria, Texas and that my son/daughter will be under the supervision of diocesan and/or parish personnel. As parent or legal guardian I agree to defend, indemnify and hold harmless the Diocese of Victoria, its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my son/daughter's participation in the above mentioned activity.

I grant permission for non-prescriptive medication (e.g. tylenol, throat lozenges, cough syrup, pepto-bismol, etc.) and routine nonsurgical medical care to be given to my son/daughter if deemed advisable by the supervising diocesan personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located.

**(please initial for consent) Photo Disclaimer:** I hereby give permission for my son/daughter to be photographed or video taped. I realize that the photo maybe published in the newspaper, a magazine, or other publication. The video may be used for educational purposes or informational purposes regarding programs or curriculum.

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City/Zip \_\_\_\_\_

My son/daughter is allergic to: \_\_\_\_\_

My son/daughter takes the following medication (name, dosage): \_\_\_\_\_

This medication is for: \_\_\_\_\_

Medication that my son/daughter is allergic to: \_\_\_\_\_

Last immunization/booster for Diphtheria/Tetanus: \_\_\_\_\_

Any specific medical problems: \_\_\_\_\_

Any physical limitations: \_\_\_\_\_

In an emergency, if unable to reach parent/guardian, please contact:

Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Name of Insured \_\_\_\_\_

Policy # \_\_\_\_\_ Group or Plan# \_\_\_\_\_

Return by Thursday, February 14, 2013 (please duplicate as needed)  
\*\* Please print or type names (FAX machine is not always very clear.)

FAX (361) 573-5725

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**Spectacular  
Group Registration Form**

Parish \_\_\_\_\_ City \_\_\_\_\_

Attending Adult Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Name** **Ad/Youth** **Name** **Ad/Youth**

1.		17.	
2.		18.	
3.		19.	
4.		20.	
5.		21.	
6.		22.	
7.		23.	
8.		24.	
9.		25.	
10.		26.	
11.		27.	
12.		28.	
13.		29.	
14.		30.	
15.		31.	
16.		32.	

Total # of Youth this page \_\_\_\_\_ X \$15.00= \_\_\_\_\_ (8 or more participants) X \$17.00= \_\_\_\_\_ (less than 8 participants)

Total #of Adults this page \_\_\_\_\_ X \$ 7.00= \_\_\_\_\_ Total Amt. Due \$ \_\_\_\_\_

**\*\*Permission Forms: Original is kept at the parish; a copy must accompany driver or contact person along with the**