

Greater Norwin Area Catholic Senior Youth Ministry

First Half of the Year Schedule 2009-2010:

- September: Sunday the 20th 6:00-8:00 pm .. Kick-Off Event @ the B.B.C. (*Parents are encouraged to attend*)
Sunday the 27th 6:00-8:00 pm ... Regular Meeting @ the B.B.C.
- October: Sunday the 4th 5:00 pm..... Teen Hope Mass @ B.B.C.
6:00-8:00 pm .. Regular Meeting @ the B.B.C. (Guest Speaker- Fr. Fred Byrne OSB)
Sunday the 11th 6:00-8:00 pm ... Regular Meeting @ the B.B.C.
Sunday the 18th 6:00-8:00 pm . Regular Meeting @ the B.B.C.
Saturday the 24th 9:00 am-12:00 noon Fall “Work-A-Day” (Service)
- November: Sunday the 1st 5:00 pm Teen Hope Mass @ B.B.C.
6:00-8:00 pm .. Regular Meeting @ the B.B.C. (Guest Speaker- Msgr. Paul)
Sunday the 8th 6:00-8:00 pm .. Regular Meeting @ the B.B.C.
Sunday the 15th 6:00-8:00 pm .. Regular Meeting @ the B.B.C.
Thursday the 19th - Sunday the 22nd NCYC (National Catholic Youth Conference)
Sunday the 29th 6:00-8:00 pm .. Open Gym/Game Night @ the B.B.C. (Thanksgiving Weekend)
(8th graders invited)
- December: Sunday the 6th Field Trip to St. Anthony’s Reliquary followed by Ice Skating @ PPG Center
Saturday 12th - Sunday 13th NET Ministries Weekend Retreat (Diocesan Sponsored Event)
Saturday the 19th Rendu Service- Santa Workshop for kids (details to come)
Sunday the 20th Giving Tree Distribution @ St. Agnes (Service Opportunity)
Sunday the 27th 6:00-8:00 pm .. Open Gym/Game Night @ the B.B.C. (Christmas Weekend)
- January: Sunday the 3rd 5:00 pm..... Teen Hope Mass @ B.B.C.
6:00-8:00 pm ... Regular Meeting @ the B.B.C. (Guest Speaker- Fr. Len)
Sunday the 10th 6:00-8:00 pm ... Open Gym/Game Night @ the B.B.C.
Sunday the 17th 6:00-8:00 pm ... Regular Meeting @ the B.B.C.
Sunday the 24th 6:00-8:00 pm ... Regular Meeting @ the B.B.C.



Check out www.GNACYouth.org website for monthly updates, changes, pictures, music, Catholic links, etc.

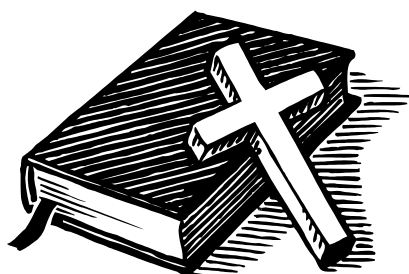
To contact us, please email Kirsten Lieberum at klieberum@dioceseofgreensburg.org for more information.

This schedule is subject to change

Greater Norwin Area Catholic Senior Youth Ministry

Second Half of the Year Schedule 2009-2010:

<u>January:</u>	Sunday the 3 rd	5:00 pm	Teen Hope Mass @ B.B.C.
		6:00-8:00 pm	Regular Meeting @ the B.B.C. (Guest Speaker- Fr. Len)
	Sunday the 10 th	6:00-8:00 pm	Open Gym/Game Night @ the B.B.C.
	Sunday the 17 th		Regular Meeting @ the B.B.C.
	Sunday the 24 th	6:00-8:00 pm	Regular Meeting @ the B.B.C.
<u>February:</u>	Saturday the 6 th	TBA	Diocesan Youth Event
	Sunday the 14 th	6:00-8:00 pm	Regular Meeting @ the B.B.C.
	Sunday the 21 st	5:00 pm	Teen Hope Mass @ the B.B.C.
		6:00-8:00 pm	Regular Meeting @ the B.B.C. (Guest Speaker- Fr. John)
	Sunday the 28 th	6:00-8:00 pm	Regular Meeting @ the B.B.C.
<u>March:</u>	Sunday the 7 th	6:00-8:00 pm	Open Gym/Game Night @ the B.B.C.
	Friday the 12 th	6:30-8:00 pm	Lenten Praise and Worship Adoration @ I.C. (following Stations)
		9:30 pm-midnight	Cosmic Bowling
	Sunday the 21 th	6:00-8:00 pm	Regular Meeting @ the B.B.C. (Guest Speaker- Msgr. Paul)
	Sunday the 28 th	6:00-8:00 pm	Regular Meeting @ the B.B.C. (Palm Sunday)
<u>April:</u>	Sunday the 4 th		Easter Sunday
	Sunday the 11 th	6:00-8:00 pm	Regular Meeting @ the B.B.C.
	Sunday the 18 th	6:00-8:00 pm	Regular Meeting @ the B.B.C. (JYM Graduating 8 th Graders are invited)
	Sunday the 25 th	5:00 pm	Senior Night Mass with Fr. Len
		6:00-8:00 pm	& Dinner – both at the B.B.C.



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GNAC Senior Youth Ministry Registration Form

Student Information:

Name _____ Sex *M* *F* Grade _____

Birthday ____/____/____ Age ____ E-Mail _____

High School _____ Home Phone # _____ Cell Phone # _____

Address _____ City _____ Zip _____

What Parish are you (and/or your family) a registered member? (circle one)

St. Agnes St. Elizabeth Ann Seton Immaculate Conception Other _____

Parental Information:

Mother's First Name _____ Last Name (if different from child) _____

Mother's Religion _____ Mother's Work Phone # _____

Father's First Name _____ Last Name (if different from child) _____

Father's Religion _____ Father's Work Phone # _____

Mother's E-mail _____ Father's E-mail _____

(If applicable, please enter one or both parents' e-mail/s to receive SYM mailings w/ weekly meeting & event info.)

Student Medical Information:

Disabilities, Allergies, or Health Issues: _____

Any other issues you think that we need to be aware of (custody, special schedules, etc.): _____

In case of emergency, call:

Name _____ Phone # _____ Relationship _____

***Permission to publish a photograph of my child on the GNAC Youth website:** We have a website for the Greater Norwin Area Catholic Youth Ministries online at www.gnacyouth.org. Photos only (no names) will be included on this website, please indicate below (w/ your initials) if we have your permission for your child to appear in a photo that may be posted:

YES, you have my permission for my child's face to appear in any photo used on the website. _____

NO, I do not give permission for my child's face to appear in any photo used on the website. _____

*Website also includes online music, Catholic links, Catholic podcasts, monthly calendars of events, permission slips, etc.

Medical Release Purpose

To Whom It May Concern,

As a parent and/or guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

I understand that neither Greater Norwin Area Catholic Senior Youth Ministry nor any of its agents are responsible for any injury sustained by my child. I accept responsibility for any medical expenses as a result of any such injury sustained.

(Parent or Guardian Signature) _____

(phone number) _____ (date) _____

This release is intended for the duration of the 2009-10 school year. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed _____ (father, mother, legal guardian) _____ (date)

_____ (address) _____ (city) _____ (state) _____ (zip)

_____ (home phone) _____ (work phone)

Family Physician _____ (phone)

Specific medical allergies, chronic illnesses or other condition:

Another person to contact in case of emergency:
_____ (name) _____ (phone)