

The Prophet

The monthly

Sacred  Heart
Parish

Youth Ministry Newsletter



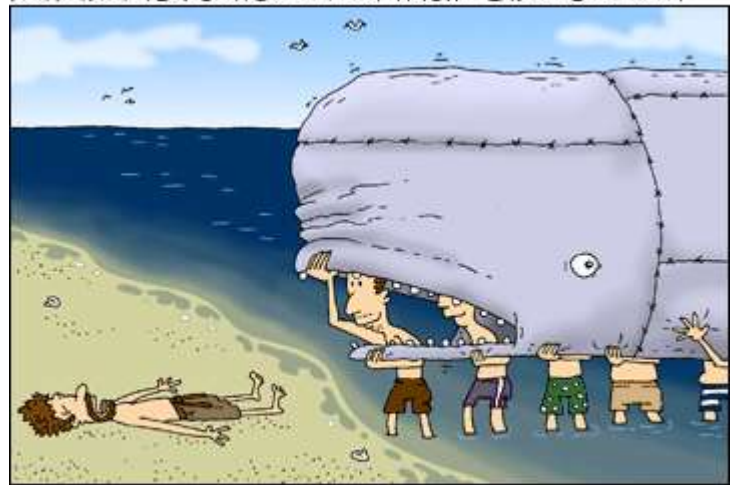
FRANK RUNYEON



2016



Day	First Name	Last Name
11	Garett	Kinney
14	Brendan	Grabowski
14	Andy	Smith
16	Ryan	Stoeger
17	Michael	Stammer
24	Brittany	Sipin
25	William	Jensen



(See Jonah 1-4) 04-01-2011
 TURNS OUT APRIL FIRST WAS A BAD DAY FOR JONAH TO HIT THE BEACH

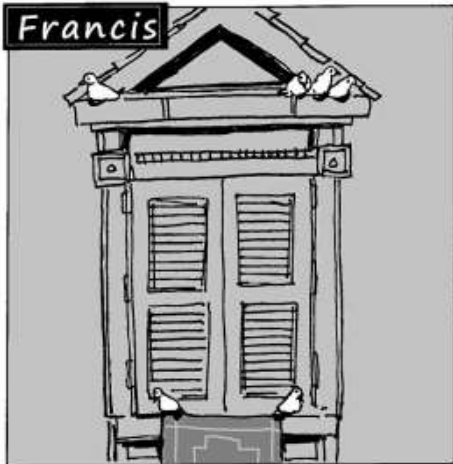


- 1 Adoration 8:30 am to 5 pm
 - 3 Divine Mercy Sunday
 - 6 Youth Group 5:30 - 6:15 pm
 - 6 Open Lounge 7:45 pm
 - 8 Movie Madness
 - 13 Youth Group
 - 13 Open Lounge
 - 17 Frank Runyeon
 - 18 Frank Runyeon
 - 19 Frank Runyeon
 - 20 Youth Group
 - 20 Open Lounge
- LIFE² stands for
 Living in Faith Everyday & Everyway



Thanks to Richard Germain (See Exodus 14) 04-04-2011
 A TYPICAL CARDIO REGIMEN BACK IN EGYPT

I FOUND JESUS...
 He was in the **Bread and Wine**
 the whole time.



NCRonline.org/cartoons

MOVIE MADNESS **Friday, April 8**
6 – 10 pm

\$4.00 and a can of food **Permission Slips Required**

Congratulations!

...to our recent
 Movie Madness Scavenger Hunt winners;
 Alex Baemmert & Katie Heidingsfelder.
 They have won a Grand prize
 selected just for them!



NCRonline.org/cartoons



City-Wide Mission

April 17, 18, 19, 2016

The Acts of Mercy

Sunday, April 17: Luke: Stories of Mercy

Monday, April 18: John: Signs of Mercy

Tuesday, April 19: James: Works of Mercy

Sponsored jointly by all Eight Appleton Catholic Parishes
Held at St. Thomas More Parish, 1810 N. McDonald St, Appleton

Sunday, Monday and Tuesday

6:30- 8:00 PM

Frank Runyeon, Presenter

"A spell binding encounter with the life of Jesus... perfect for all generations...
enlightening....moving.... Don't miss it!" ~St. Cecilia Church, Wisconsin Dells, WI

For more about Frank see www.runyeonproductions.com

Attention Parents of Children under age 7 - Babysitting offered on Sunday only

Babysitting offered on Sunday, April 17, during the presentation.

You must register in advance by April 11, 2016.

Call or email Anita at 739-8172 or anita@stmccath.org

April 8th Movie Madness Permission Slip

Please complete the following:

Name _____

Phone _____ Grade _____

In Consideration of Sacred Heart Youth Ministry arranging for a viewing of "Little Boy" - this movie is rated PG-13 the undersigned parent of _____, a minor, hereby releases and agrees to hold harmless Sacred Heart or any of its advisors, chaperones or persons connected with the event from any liability, claims or damages for personal injury, property loss or other damage which may result during the above event. The undersigned _____ hereby agrees to abide by the rules established for the above event.

Dated in the area of Appleton, Wisconsin, this _____ day of _____ 2016.

(Signature of Parent)

(Signature of Participant)

AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize the treatment, administration of anesthesia, and surgical treatment(s) for my minor son/daughter _____ in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital, physician(s) and nursing personnel within the hospital or employed by the physician as well as any physician and physician's staff where treatment is rendered in the physician's office. I release from medical responsibility and liability the hospital, physician(s) and nursing personnel for performing medical procedures acting on the authority of this medical treatment consent form which such medical providers deem necessary for my minor child.

Signed this _____ day of _____, 2016
and valid until the 9th day of April, 2016.

(Signature of Parent)

Name of Parents _____ Phone _____

Emergency Phone Number of one/both parents _____

Insurance Company _____

Insurance # _____



Save the Date



Tuesday, June 14

Tuesday,
July 26



SixFlags
GREAT AMERICA



Tuesday,
August 9



Wednesday, Aug 24

2016 Fun in the Sun Permission Slip

✓	<u>Event or Trip</u>	<u>Dates</u>	<u>Cost</u>	<u>Registration Deadline</u>
<input type="checkbox"/>	Mt. Olympus	June 14	\$39	June 7
<input type="checkbox"/>	Great America	July 26	\$67	July 19
<input type="checkbox"/>	Noah's Ark	August 9	\$50	August 2
<input type="checkbox"/>	Timber rattlers	August 24	\$8	August 8

PLEASE COMPLETE ALL PARTS OF THIS FORM

YOUTH INFORMATION (only one child per form – Make/obtain additional copies for additional children)

Youth's Name: _____ Birth date: _____
 Address: _____ Age: _____ Grade: _____
 City & Zip: _____ Phone: _____
 Home Parish: _____

According to the Green Bay Diocesan policy, participants are to be covered by insurance for any travel, competition or performance. It is the responsibility of the parent to provide this insurance coverage.

Emergency Contacts

Parent(s) _____ Home Phone _____
 _____ Work/Cell Phone _____
 Doctor _____ Phone _____
 Dentist _____ Phone _____
 Insurance Company _____ Insurance # _____

RELEASE

The undersigned parent of _____ request our child be allowed to participate in the above indicated event(s). S/he being a minor, we hereby releases and agrees to hold harmless Sacred Heart Parish or any of its advisors, chaperones or persons connected with the event from any liability, claims or damages for personal injury, property loss or other damage which may result during the above event. The undersigned parent consents to the use of likeness in any manner relating to communication production in any media. The undersigned _____ hereby agrees to abide by the rules established for the above event. Transportation, when provided, will be by bus or van.

Dated in the area of Appleton, Wisconsin, this _____ day of _____, 2016.

 (Signature of Parent)

 (Signature of Participant)

AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize the treatment, administration of anesthesia, and surgical treatment(s) for my minor son/daughter _____ in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital, physician(s) and nursing personnel within the hospital or employed by the physician as well as any physician and physician's staff where treatment is rendered in the physician's office. I release from medical responsibility and liability the hospital, physician(s) and nursing personnel for performing medical procedures acting on the authority of this medical treatment consent form which such medical providers deem necessary for my minor child.

Signed this _____ day of _____, 2016
 and valid until the _____ day of _____, 2016.

 (Signature of Parent)

Please list any medical conditions or dietary needs which would affect your child's participation in this event.

Return to Bill Nettekoven