

THE PROPHET

June 2016

The Monthly Sacred Heart Youth Ministry Newsletter



Friday, June 10th



July 19 - 21



Thursday, June 2nd
Feast of the Sacred Heart



Tuesday, June 14th



Popcorn and a Movie
Wednesday's 1 - 4 pm
FREE!!!!

July 6 & 27 August 3 & 10

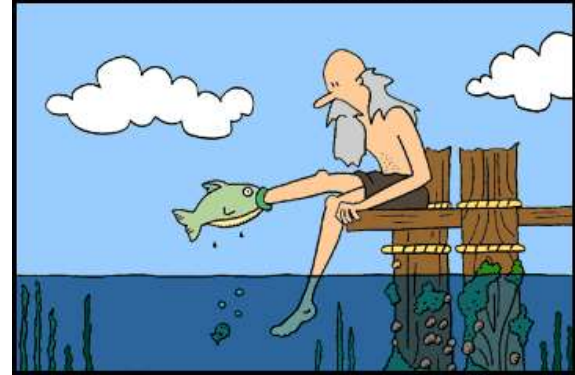


REVERENDFUN.COM COPYRIGHT BIBLE GATEWAY



Thanks to Mikel Rice (See John 4:13-14) 09-08-2000

REVERENDFUN.COM COPYRIGHT BIBLE GATEWAY



(See Jonah 1-4) 09-22-2000

LATER IN JONAH'S LIFE WHEN HE WAS SWALLOWED BY A TROUT



Day	First Name	Last Name
4	Cody	Rathsack
6	Annabelle	Van Sciver
7	Alora	Lee
10	Felicity	Figlinski
10	Zachary	Walbrun
12	Alexandria	Ebben
25	Arianna	Selig
25	Lauryn	Wilcox
27	Mason	Depner
30	Madeline	Goh

JUNE EVENTS

- 2 Feast of the Sacred Heart
- 3 Adoration & Benediction
- 10 Spring Fling
- 14 Holy Hour
- 14 Mt. Olympus bus trip
- 19 Father's Day
- 20 - 24 ND Vision

JULY EVENTS

- 1 Adoration & Benediction
- 4 Independence Day
- 6 Popcorn and a Movie
- 9 - 15 Mission trip to Ripley MS
- 12 Holy Hour
- 18 Vacation Bible Camp Setup
- 19 - 21 Vacation Bible Camp
- 26 Great America bus trip
- 27 Popcorn and a Movie

LIFE² stands for Living in Faith Everyday & Everyway



Summer Youth Group Popcorn and a Movie

Wednesday's 1 - 4 pm

FREE!!!!

July 6 & 27

August 3 & 10



Celebrate Jesus



Join us in
celebrating the
Feast of the Sacred Heart
Thursday, June 2nd
6:30 pm Mass

Sacred Heart Parish
222 E. Fremont St
Appleton WI

Reception to Follow



If you are in
grades 6 – 12
we need your help!

Help out with
Vacation Bible Camp
July 19 – 21
8 am until 4 pm each day

Contact Bill Nettekoven in Parish Office
for more information or to sign up



Badger

SPORTS PARK

Friday, June 10th

Grades 5 – 12
6 – 9 pm

Only \$12.00

Registration Deadline
Wednesday, June 8th

**MUST have a
signed
Permission Slip
to attend
this event**



Includes:
One round of laser tag,
One go cart session
and
Unlimited mini golf
&
the batting cages



Presented by the Sacred Heart Youth Ministry

Spring Fling Permission Slip

Please complete the following:

Name _____ Phone _____ Grade _____

Friday, June 10th 6 – 9 pm \$ 12.00

In Consideration of Sacred Heart and St. Bernadette Youth Ministries arranging for a Grades 5 – 12 Spring Fling Event at Badger Sports Park the undersigned parent of _____, a minor, hereby releases and agrees to hold harmless Sacred Heart and St. Bernadette Youth Ministries 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 _____ day of _____ 2016.

(Signature of Parent)

Name of Parents _____ Phone _____

Emergency Phone Number of one/both parents _____

Insurance Company _____ Insurance # _____

Payment should be included with this form. Checks should be made out to "Sacred Heart Parish."

**One permission slip per person
Guests are welcome as long as they have a signed permission slip**



**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