

# THE PROPHET

The monthly Sacred Heart Youth Ministry Newsletter

# JULY

VACATION BIBLE  
**CAMP**  
 July 19 - 21

Fun in the Sun  
  
 Whoever has the Son has Life.  
 1 John 5:12

Tuesday,  
 July 26  
  
**SixFlags**  
 GREAT AMERICA

**Popcorn and a Movie  
 Wednesday's 1 - 4 pm  
 FREE!!!!  
 July 6 & 27 August 3 & 10**

**Sacred Heart**  
 Parish



Day	First Name	Last Name
07	Abygail	Blessing
11	Charlize	Roth
17	Robert	Van Sciver
23	Carter	Thompson
30	Kaz	Xiong
31	Chloe	Bigalke



## 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

## AUGUST

- 3 Popcorn and a Movie
- 5 Adoration & Benediction
- 9 Noah's Ark Bus Trip
- 9 Holy Hour
- 10 Popcorn and a Movie
- 15 Assumption of Mary
- 24 Timber Rattlers Family Night
- 27 Feast of St. Monica

LIFE<sup>2</sup> stands for  
Living in Faith Everyday & Everyway



**FUN IN**



**THE SON**

*Looking for FUN things to do this summer?  
Want to do something exciting?*

*Then check out "Fun in the Son" events!*



**Summer Youth Group**  
**Popcorn and a Movie**  
Wednesday's 1 – 4 pm  
**FREE!!!!**  
July 6 & 27  
August 3 & 10



**HELP**



**WANTED**

*Bible Camp*

**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**



**PROMOTE CATHOLICISM**  
PROCLAIMING THE **GOOD NEWS**  
BY PROMOTING **GOOD WORKS**

SPOTLIGHTING THE WORK OF OTHERS IN CATHOLIC MEDIA AND MINISTRY



Tuesday,  
July 26



**SixFlags**  
GREAT AMERICA



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"/>	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**