



TO BE RETURNED TO SCHOOL BY:
Thursday, JANUARY 21, 2016

Items needed:

- ___ 8 oz mini water bottles
- ___ Box of individual packaged Rice Krispie Treats
- ___ Bag of Traditional Chex Mix- NO PEANUTS
- ___ cash donation (\$1-2)

*Send above items to the school office as soon as possible.

Parent Participation:

I am available for:

- ___ Set up (Day Before-Wednesday, February 3rd, 3:00pm-completed)
- ___ Clean up (Thursday, February 4th, 2:10pm-completed)
- ___ Can work all day on Fun Day, February 4th
- ___ Can work part of Fun Day, February 4th (insert time) _____
- ___ Can work when my child is participating on Fun Day, February 4th
- ___ Volunteers for cut-out project, Wednesday, February 3rd, at 8:30am-10:30am

CLASS SCHEDULE FOR FEBRUARY 4, 2016

TIME	GRADE
8:15-9:00	Fourth
9:10-9:55	Kindergarten
10:05-10:50	Third
11:35-12:20	Second
12:30-1:15	First
1:25-2:10	Fifth

PARENT(S) NAME _____

PHONE # _____, **and/or EMAIL** _____

Children's Name & Grade _____



2016 spring youth COED SOCCER

Leagues Offered

Delta Township Parks and Recreation



Micro Soccer: 4 year old 4x4, 5-6 year old 4x4, 7-10 year old 4x4 (Our Savior Lutheran)
Traditional Soccer: 4 year old 10x10, 5-6 year old 10x10, 7 year old 7x7 (Our Savior Lutheran)
 8-10 year old 8x8 (Delta Mills Park)

Participant's age on April 9, 2016 determines age division placement. Changes to grouping of ages and game locations may be necessary depending on the number of participants.

Super Soccer Saturday

New this year, in lieu of games on April 16, all micro, traditional, and itty bitty kicker participants will meet at Our Savior Lutheran for the Super Soccer Saturday event. Activities will include team photos, team competitions, and soccer drills. More information and times will be provided at the start of the season.

This program is recreational in nature, introducing the basics of soccer while stressing fun. Scores will not be kept. Volunteer parent coaches are crucial to the success of this program. Sign up below!

Dates • Deadline • Fees • How to Register • Payment Information

Meeting Dates: Practices begin the week of March 28 on a weeknight chosen by the coach. Games take place on Saturdays from April 9-May 21 with a possible make-up on Saturday, June 6, 2016.

Registration Deadline: Friday, February 19, 2016 - \$10 late fee after deadline, if space permits.

** No Refunds after April 8, 2016. Late fees are not refundable**

Fee: \$40 Residents; \$45 Non-Residents, plus \$15 for youth jersey, if needed

Register online at www.deltami.gov/registration or by filling out this form and sending it to: Fax # 517-327-1721

Email Address: deltaparks@deltami.gov or Mailing Address: 7710 West Saginaw Highway, Lansing MI 48917

Payment Information – Payer Name: _____ Billing Address: _____

Credit Card Number: _____ Expiration Date: _____

Electronic Check Account Number: _____ Routing Number: _____

Check Enclosed (payable to Delta Township) Amount: \$ _____

Our athletic jerseys are required for this program. If your child does not already have one please select the size you would like to order. All jerseys are \$15 and are used for most other Delta Township youth athletic programs:

Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult Extra Large

League: Micro Soccer Traditional Soccer Special Request: _____

Note: You may request to be on the same team as one other person. Requests are not guaranteed.

Participants Name: _____ M/F: _____ DOB: _____ School: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

*Parent/Guardian Name (Please sign waiver on back): _____

Home Number: _____ Cell Number: _____ Allow Text Notifications: YES NO

Phone Service Provider: _____

Would you, or someone you know like to volunteer to coach your child's team? YES NO , if yes please fill info. below

Volunteer Coach Name/Phone/Email: _____

Sports Waiver and Release of Liability

Read before signing

In consideration for being allowed to participate in Delta Township's youth sports program, related events, and activities, the Participant and his or her parent or legal guardian acknowledge and agree as follows:

1. The risk of injury from athletic activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce that risk, the risk of serious injury does exist.
2. Participant and his or her parent or legal guardian knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Township or others, and assume full responsibility for the Participant's participation.
3. The Township recommends that each Participant consult with a physician before participating in athletic activities. Participant and his or her parent or legal guardian agree that Participant will not exercise or participate in athletic activities in a manner contrary to the advice of his or her physician.
4. Participant and his or her parent or legal guardian willingly agree that Participant shall comply with the stated and customary terms and conditions for participation.

- Participant and his or her parent or legal guardian further agree that Participant's use of the Township's property, equipment, and facilities shall comply with established and posted rules, as well as staff directives. Participation in the Township's athletic programs, including use of athletic equipment and facilities, is not permitted by unregistered participants unless prior written approval is granted by the Township. Participant and his or her parent or legal guardian willingly agree to report: (1) any unregistered participants; and (2) any violations of established rules, staff directives, or posted rules to a Township official. Additionally, Participant and his or her parent or legal guardian agree to report any unusual hazard witnessed during the Participant's presence or participation to a Township official.
5. Participant and his or her parent or legal guardian willingly agree that the Township shall not be liable for any loss, breakage, or theft of personal property that occurs in connection with athletic program participation.
 6. In the event of an emergency, Participant and his or her legal guardian authorize Township officials to secure from any licensed hospital, physician, and/or medical personnel, any treatment deemed necessary for Participant's immediate care. Participant's legal guardian agrees that he

- or she will be responsible to pay for any and all medical services rendered.
7. It is the intention of the Participant and his or her parent or legal guardian, by signing below, to expressly assume all risk of personal injury, death, or property damage upon him/herself, to the exclusion of the Township. Participant and his or her parent or legal guardian release the Township from liability for personal injury, property damage, or wrongful death.
 8. Participant and his or her parent or legal guardian further agree that his/her spouse, assignees, heirs, guardians, and legal representatives (if any) will not make any claim against, sue, or attach the property of the Township for any loss or damage resulting from Participant's involvement in the Township's athletic program.
 9. Participant and his or her parent or legal guardian are aware that this agreement is a release of liability and therefore is a waiver of the Participant's and his or her parent or legal guardian's legal right to collect damages in the event of injury, death, or property damage.
 10. Participant and his or her parent or legal guardian sign this agreement of his or her own free will, in consideration for the Participant's right to participate in the Township's youth sports program.

Code of Ethics for Parents

Read before signing

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at all youth sports events.
- I will place the emotional and physical well-being of my child ahead of any personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.
- I will demand a drug, alcohol, and tobacco-free sports environment for my child and agree to assist by refraining from their use at all youth sports events.

- I will remember that the game is for children and not for adults.
- I will do my very best to make youth sports fun for my child and all children involved.
- I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
- I will promise to help my child enjoy the youth sports experience within my personal constraints by assisting with coaching, being a respectful fan, providing transportation, or whatever I am capable of doing.

- I will require that my child's coach agrees to the Youth Sports Coaches Code of Ethics.

DISCIPLINARY PENALTIES WILL BE ASSESSED AGAINST FANS, COACHES, SPECTATORS, PLAYERS, LEAGUE OFFICIALS, AND PARENTS WHO VIOLATE THE DELTA TOWNSHIP PARKS AND RECREATION YOUTH SPORTS CODE OF ETHICS.

IT IS YOUR RESPONSIBILITY TO READ THESE ETHICS AND ABIDE BY THEM.

Child

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Signature of Participant below the age of 18 at the time of registration (suggested)

Date

Adult

This is to certify that I, as parent/guardian with legal responsibility for the Participant, do consent and agree to his/her release as provided above. For myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Township from any and all liabilities incident to my minor child's involvement or participation in the youth sports program.

Signature of Participant's parent or legal guardian

Date

Save the Date!



St. Gerard Daddy /Daughter Dance 2016
Fundraiser for the 8th grade Washington D.C. trip

Tuesday, February 9, 2016
6:30 p.m. – 8:30 p.m.
Father Weber Hall

Cost is \$15 per couple and \$7.50 for each additional guest
Dancing! (D.J. will supply music) Refreshments! Pictures! Flowers! Fun!

By Friday, February 5, 2016:
Please return bottom half of form to school with payment in envelope marked:
2016 Daddy/Daughter Dance.

Make checks payable to: St. Gerard School

Father/Escort: _____

Phone #: _____

Daughter: _____

Teacher: _____

Daughter: _____

Teacher: _____

Daughter: _____

Teacher: _____

Daughter: _____

Teacher: _____

Each girl will receive a carnation and each group will receive 1 4x6 picture.
Photos will be taken by Marcie Kay Photography and will be delivered at a later date. Forms will be available to purchase additional photos the night of the dance.



St. Gerard Spirit Wear Sale



All of the money raised supports the 8th Grade Washington DC trip. If you would like to place an order, please fill out this form and submit with your payment. If you have any questions please contact Marni Perez at marniperez@ymail.com or 517-881-4424.



All shirts will have St Gerard Falcons on the front with your choice of icon: falcon, basketball, or volleyball.

A new option for adults is the cross logo shown at the top of the page.

We have 10 different options for types of spirit wear: 100% cotton short sleeve t-shirt, athletic material short sleeve t-shirt, athletic material long sleeve t-shirt, pullover hoodie, cotton crew neck sweatshirt, 100% polyester Unisex zip hoodie, ladies V-neck short sleeve shirt, ladies 3/4 sleeve V-neck shirt, ladies bling wear short sleeve v-neck, and ladies bling wear 3/4 sleeve V-neck.

Most style shirts come in St. Gerard colors of blue or red. The cotton t-shirt, hoodie, crew sweatshirt is also available in pink. Zip hoodie and ladies items, also available in black. All spirit wear can have a name on the back for an extra \$5. Styles are available in child or adult sizes, with 2XL or larger available for an extra \$5.

We also have a drawstring gym bag available.



February orders due to the office by Wednesday 2/3 with payment.

Spirit Wear will be delivered to your child's classroom.





St. Gerard Spirit Wear Sale Order due Wednesday 2/3



<u>Name & Grade:</u>	<u>Phone:</u>	<u>Style:</u>	<u>Style:</u>	<u>Symbol:</u>	<u>Color:</u>	<u>Size:</u>	<u>Name on back</u> (additional \$5)	<u>Price:</u>	<u>Payment</u>
		Cotton T-shirt(CT) Athletic T-shirt(AT) Long Sleeve(LS) Pullover Hoodie(H) Crew Sweatshirt(CS) Gym Bag(GB)	Ladies V-neck(LSSV) Ladies 3/4 S V-neck(3SV) BLING 3/4 V-neck(3BV)* BLING Ladies SS(SBV)* *Black only ----- UNISEX Zip hoodie(ZH)	Falcon(F) Basketball(B) Volleyball(V) ----- Cross(+)	Blue Red Pink* Black** *CT, H, CS **ZH,LV,3SV only	YS, YM, YL AS, AM, AL AXL, A2XL*, A3XL* *Add \$5		CT=\$12 AT=\$16 LS=\$20 H=\$22 CS=\$20 GB=\$13 ZH=\$28 LSSV=\$16 3SV=\$20 3BV=\$26 SBV=\$24	Cash or check #

Name of 8th grade student to receive credit for the above spirit wear sale(or general fund): _____

Big Man For Christ

Fundraising Event hosted by St. Gerard Youth
Ministry Program

January 31st, 2016 at 7:15pm

Looking for sponsors to support our teens

Why: Money raised from this event helps our fellow teens participate in programs and events that have a cost. Some of these are Retreats, Mission Trips, and Diocesan Youth Leadership Camp.

Who: Either individuals or businesses

How: Monetary donation and/or raffle items i.e.; gift cards, items from the business etc. (You can get your ad in the bulletin on the Youth Ministry page)

Please contact Theresa Bosman by email at tbosman@stgerard.org or by phone 517-323-2379 for more information



Who: All 6th, 7th, and 8th Graders

What: Movie Night

Includes: Pop, Popcorn and other snacks

When: Friday January 22, from 6 – 8 p.m.

Where: Youth Room

Cost: Free!

Questions: Contact Jeff Corder or Theresa Bosman at the parish office – 323-2379

St. Gerard Parish Youth Ministry

Diocese of Lansing

Parent Permission Form

Dear Parent or Legal Guardian:

Your child is eligible to participate in a parish/school sponsored activity requiring transportation to a location away from the parish/school premises. This activity will take place under the guidance and supervision of employees and/or volunteers from St. Gerard Parish/School. A brief description of the activity follows:

Name of Event: Middle School Rally (6th – 8th Grade)

Destination: Holy Family Parish, Grand Blanc

Designated Supervisor of Activity: Jeff Corder, Coordinator of Youth Ministry and Theresa Bosman, Youth Ministry Assistant

Date and Time of Event: March 12, 2016 – Drop off your child at 12:00 p.m. at St. Gerard and please pick up your child at 10:15 p.m. at St. Gerard.

Emergency Contact: Jeff Corder: 810-820-5166 or Theresa Bosman: 517-505-2115

Method of Transportation: Bus/Car Pool

Participation Fee: \$20.00 if you sign up before February 17, 2016. (\$30.00 after February 17.)

Note: Lunch is not provided. We will have a snack midafternoon and dinner. Please eat lunch before you come.

Questions Contact Jeff Corder or Theresa Bosman at the Parish Office 323-2379

Email: youth@stgerard.org or tbosman@stgerard.org

Youth MUST HAVE SIGNED PERMISSION FORM or they cannot attend.

Detach and return bottom portion of form.

Statement of Consent to Attend Middle School Rally

I hereby consent to participation by my child _____ in the event described above scheduled for **March 12, 2016.** I understand that the event will take place away from the parish/school grounds I further consent to the conditions stated above on participation in this event, including method of transportation.

In consideration of my child being allowed to participate in this event, I agree to waive and release, and indemnify and hold harmless St. Gerard Parish/School, any and all affiliated organizations, its/their employees, agents, representatives, volunteers, and drivers, from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence arising from or relating to my child's participation in this event.

Child Date of Birth: _____

Address of child: _____ Relationship To You: _____

Phone: _____ Emergency Phone: _____

Family Physician: _____ Phone: _____

Address: _____

List allergies, medications, contacts, or other pertinent comments: _____

Insurance Phone # _____ Bin # _____

Health Insurance Data: Company: _____ Policy: _____ Group: _____

Contract: 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 and to grant permission to attend event.

I certify that I am the (check one) ___ custodial parents ___ legal guardian of the minor child named in above and I agree to the above terms for myself and for my minor child.

(Print Parent's Name)

(Parent's Signature)

(Date)

MIDDLE SCHOOL YOUTH RALLY

G.P.S.

God Pursues Sinners

March 12, 2016

Holy Family Parish, Grand Blanc

Father Bush Parish Center, 110 Bush St. | 2-9 p.m. Doors open at 1 p.m.



Guest Speaker

APeX

"Is there no one who
has condemned you?
Neither do I condemn you.
Go and sin no more."

John 8:11



Celebrating Mass with

Bishop Boyea



CATHOLIC DIOCESE OF LANSING

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