## St. John The Baptist Parish P. O. Box 35 Edgar, WI. 54426

715 352 3011



January 29, 2025

Hello Families,

I am very excited to share with you that St. John's will have buses going to the "Rally around the Bishop," on Wednesday, March 12, 2025. All youth in grades 6-12 who attend the CCD program and St. John School are invited. St. Bronislava Parish, Plover WI will host "Rally around the Bishop."

St. John's will cover the cost. In addition, I will register our group, so it is important to return your permission slip by Wednesday, February 19, 2025.

Attached is a permission slip that I need for all youth to return in order for him/her to attend the event. You can return your permission slip via email, drop it off at the school or the parish office or mail it to me.

There will be a meal at 4:45 until loading on the bus around 5:05 ish. I am not sure how the Spring sporting practices will be held at that time so if your son or daughter has practice until 5:00--he/she can still come over to eat before leaving.

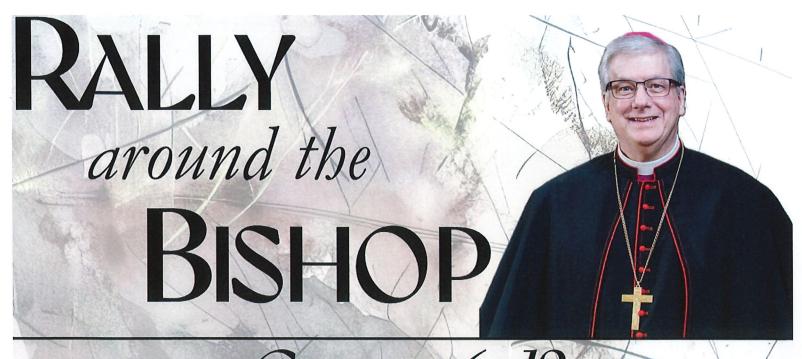
We will return around 9:00 pm to St. John's Parking lot.

If any adults would like to attend, please contact me for safe environment information/training.

If you have any questions, please contact me at <a href="mailto:nhackel@stjohnedgar.org">nhackel@stjohnedgar.org</a>.

I am looking forward to a great evening.

M. Marcy Hickel



GRADES 6-12

MARCH 12-6:30-8:00 P.M.

DOORS OPEN AT 6:00 P.M.

ST. BRONS—3200 PLOVER RD., PLOVER

Calling all youth to assemble!

Join us for an evening of prayer with Bishop Gerard Battersby.

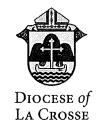
We will have an opportunity to get to know Bishop Battersby, learn his thoughts on youth and the church, and pray and with him before the Blessed Sacrament.

Part of the evening will allow for the Bishop to answer questions submitted ahead of time by your youth.

Space is limited, please register with your parish to attend by February 28.

Cost is \$2/per attendee.

Register online and submit your questions at www.PointDeanery.org/rally



## <u>Minor</u> Participant Event Release Form Please fill out this form for anyone who is age 18 (still in high school) and under.

PARTICIPANT'S NAME:	DATE OF BIRTH:
PARISH/SCHOOL:	GENDER:
	MALE FEMALE
Event Information NAME OF EVENT:	DATE(S) OF EVENT:
Rally around the Bishop	March 12, 2025
DESIGNATED LEADER:	DESIGNATED LEADER'S TITLE/POSITION:
Nancy Hackel	Evangelization Coordinator
DESTINATION OF EVENT:	
St. Brons, 3200 Plover Rd, Plover Wi	
MODE OF TRANSPORTATION TO AND FROM EVENT:	
Bus	
DEPARTURE DATE/TIME:	RETURN DATE/TIME:
5:00 pm	9:00 pm
•	
Parental/Guardian Consent and Liability for Minors  grant permission for my child to participate in this diocesan/parish/school event that requires transportation to a location away	
from the parish/school site. This activity will take place under the guidance and direction of diocesan/parish/school employees	
and/or volunteers. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named	
minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless	
and defend the parish/school named above, its officers, directors, employees and agents, and the Diocese of La Crosse, its	
employees, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child	
attending the event or in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the	
Diocese of La Crosse, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless	
such claim arises from the negligence of the parish/school/diocese.	
PARENT/GUARDIAN INITIALS:	DATE:
Statement of Truth and Accuracy:	
I acknowledge that I have previously completed the "Minor Medical Release Form," providing medical information, permissions, authorizations and releases pertaining to my child. I have listed below any additions and/or corrections to the information provided	
on that form. Subject to any changes above, I hereby reaffirm any and all such disclosures, permissions, authorizations and	
releases as though stated herein.	
Medical Release Form Additions/Corrections (as applicable).	
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PARENT/GUARDIAN PRINTED NAME:	DATE:
PARENT/GUARDIAN SIGNATURE:	DATE:
By entering my full name. Lattest that this constitutes my legal electronic signature on this form.	