

# *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 [nhackel@stjohnedgar.org](mailto:nhackel@stjohnedgar.org).

I am looking forward to a great evening.

*Mrs. Nancy Hackel*  
**Mrs. Nancy Hackel**

# RALLY

*around the*

# BISHOP



*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](http://www.PointDeanery.org/rally)



*Sponsored by the Bishops of the St. Louis Point Deanery*



DIOCESE of  
LA CROSSE

**Minor 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 <input type="checkbox"/> FEMALE <input type="checkbox"/>

**Event Information**

NAME OF EVENT: Rally around the Bishop	DATE(S) OF EVENT: March 12, 2025
DESIGNATED LEADER: Nancy Hackel	DESIGNATED LEADER'S TITLE/POSITION: Evangelization Coordinator
DESTINATION OF EVENT: St. Brons, 3200 Plover Rd, Plover Wi	
MODE OF TRANSPORTATION TO AND FROM EVENT: Bus	
DEPARTURE DATE/TIME: 5:00 pm	RETURN DATE/TIME: 9:00 pm

**Parental/Guardian Consent and Liability for Minors**

I 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:
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**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).**

PARENT/GUARDIAN PRINTED NAME:	DATE:
PARENT/GUARDIAN SIGNATURE:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.