

**CATHOLIC DIOCESE OF SAGINAW
"Y.E.S." REGISTRATION FORM - JUNE 21- 26, 2009**

Name: _____ Phone: () _____
Address: _____ City _____ Zip _____
Date of Birth _____ Grade in September 2010 _____
Parish: _____ School: _____
E-mail address _____

Parent/Guardian: _____

T-Shirt Size (circle one): Small Medium Large X Large XX Large

Have you participated in Y.E.S. before? Yes _____ No _____
(YES is designed for first-time participants, those entering 9th grade and above, repeaters accepted if space permits)

**Our transportation for the week is vans. Would you have a van
that we could borrow for the week? Yes No**

PARENT/GUARDIAN PERMISSION FOR "Y.E.S." PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in Y.E.S. - a diocesan - sponsored immersion experience of Saginaw. This program will entail a week's residence at St. Andrew Parish and transportation to various sites within the City of Saginaw. This experience will take place under the guidance and supervision of a team of adult Youth Ministers of the Diocese of Saginaw. A brief description of the activity follows:

Name of Event: Y.E.S. (Youth Encounter Service)

Location: St. Andrew Parish
 612 N. Michigan Ave., Saginaw
 Various sites throughout City of Saginaw

Sponsor: Catholic Diocese of Saginaw

Supervised by: Nikki Bakos and Diane Seidel

Date & Time of Program: Sunday, June 21 - 5:00 p.m. thru Friday, June 26 - 5:00 p.m.

Transportation: Please drop your son/daughter off at St. Andrew Parish. Pick up on Friday at 5:00 p.m. Transportation during the week provided.

Cost to Participant: \$130.00

If you would like your son/daughter to participate in this experience, please complete, sign and return the following statement of consent and acknowledgment. As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by your son/daughter named below.

I hereby consent to participation by my child _____ in the experience described above. I understand that it will take place at St. Andrew Parish and various sites throughout the City of Saginaw, as listed in the brochure, and that my son/daughter will be under the supervision of the designated adult team members on the above stated dates. I further consent to the conditions stated above on participation in this experience, including the method of transportation.

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name: _____

**Return by May 15, 2009, to Diocese of Saginaw, Office of Education/Formation, 5800 Weiss St., Saginaw 48603-2799.
PAYMENT MUST ACCOMPANY FORMS IN ORDER TO BE REGISTERED FOR THIS EVENT.**