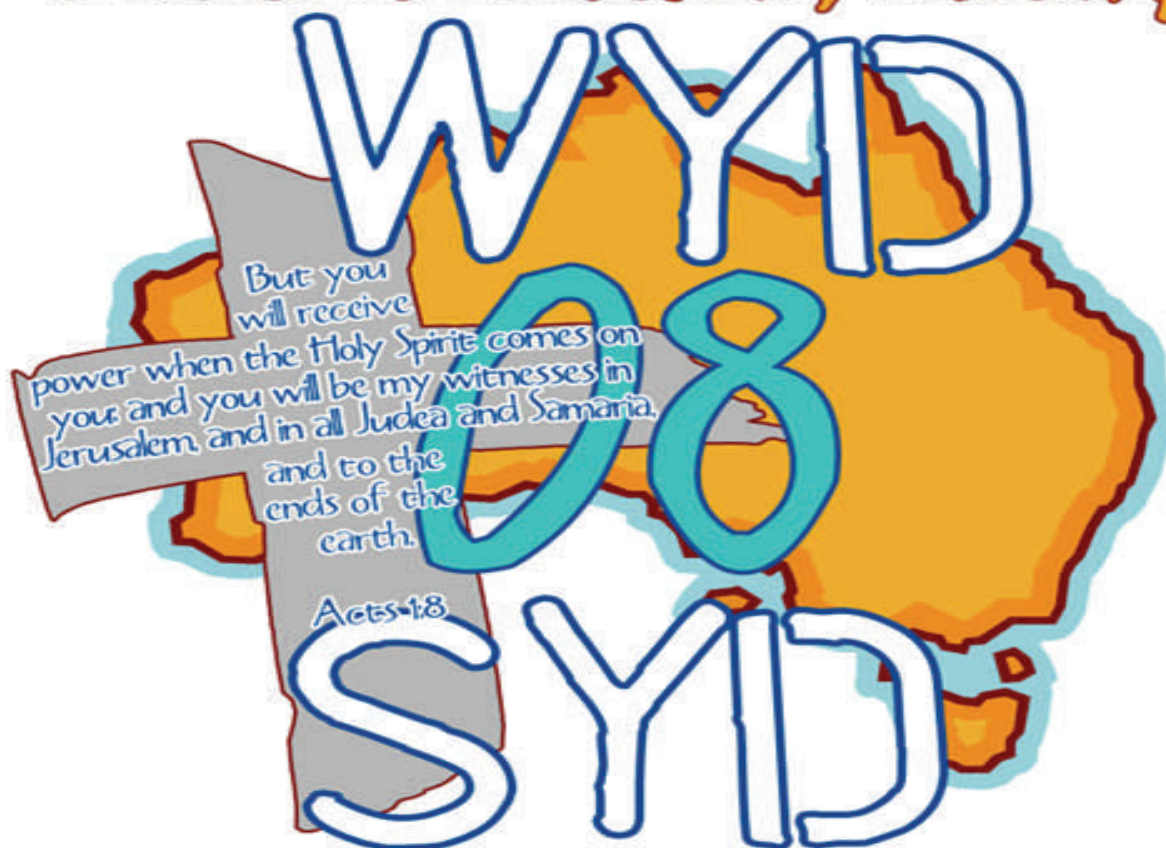


Can't Make Sydney? Join Us In Kentucky

Diocese of Owensboro, Kentucky



**Friday & Saturday
July 18-19, 2008**

**Gasper River Catholic Youth Camp and
Retreat Center
Bowling Green, KY**

**Sponsored by Office of Youth Ministry
Diocese of Owensboro, Kentucky**

GENERAL INFORMATION

WYD Local Event Date

July 18-19, 2008

Registration Limited to 1,300 With Registration Form and Money In Advance of the Event

The Registration Form and Liability Release are enclosed. All forms must be filled out and notarized in advance. All forms for participants age 17 or younger must be signed by a parent or legal guardian. Registration is open to incoming high school freshman through young adults age 35 and chaperones. The registration fee is \$25.00 per person and must be postmarked by May 22, 2008. There will be **NO** at the door registrations. Make check payable to Diocese of Owensboro. Food is not included in the registration fee.

Chaperones

- All chaperones must fulfill and be in compliance with the Diocesan policies and requirements for providing a safe and secure environment for minors.
- See insert from the Diocese of Owensboro for requirements for chaperones.
- There must be one adult chaperone for every ten youth under the age of 18.
- Chaperone registration forms and fee must accompany youth forms.
- Parent or legal guardian assumes responsibility for finding a chaperone.

Goal of WYD Local Event

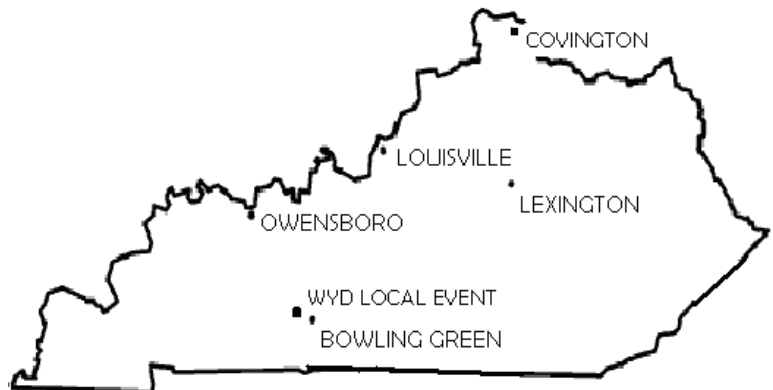
Our goal will be to simulate an authentic WYD experience of hiking out to the Vigil site, camping on the ground in front of a big stage, providing live music, inspirational skits, a live up-link to Sydney for the Vigil with our Holy Father, Pope Benedict XVI, catechesis, adoration, celebrating Mass with Bishop McRaith and more.

Gasper River Catholic Youth Camp & Retreat Center

2695 Jackson Bridge Road
Bowling Green, Kentucky 42101

For Detailed Directions:

www.gasperriverretreatcenter.org

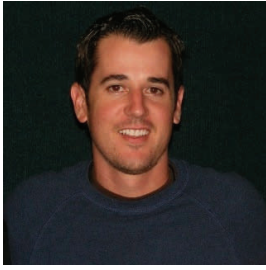


Food

Vendors will be on site to provide meals at reasonable rates. (NO STOVES, GRILLS OR OPEN FLAMES! NO ALCOHOL!)

Housing

Housing will be simple with everyone camping out on the ground in front of a large stage. (NO TENTS ALLOWED!) You may bring tarp(s) and/or thermal sheet(s) for ground cover.



**Emcee
Cooper Ray**

Is a dynamic & light-hearted speaker and musician who shares his faith with honesty and passion. Through story, humor, and audience participation, Cooper leads groups of all ages to a greater awareness of who they are as Catholic Christians and how God fits into their daily lives.

Cooper has entertained, motivated, and inspired youth and adults at World Youth Day (Germany), Proud 2B Catholic Music Festival, Catholic Heart Workcamp, as well as at numerous diocesan, parish, and school events across the country. His relevant message and crowd interaction can reach a teen all the way in the back row.

He has been a part of Youth Ministry for over 15 years serving most of that time as the Director of Youth Ministry for the Diocese of Baton Rouge. He ministered at a Catholic summer camp for 6 years, eventually attaining the position of Camp Director and leads music at liturgy at his home parish. Cooper lives in Baton Rouge, Louisiana with his wife Laura.



**Catechist
Fr. Norman Fischer**

Is a dynamic, diocesan priest for Lexington, Ky. Currently, he serves as the full-time chaplain of Lexington Catholic High School and parish priest of St. Peter Claver Church near downtown Lexington. Fr. Norman has been blessed to travel extensively throughout the United States and preaching a message of hope and healing for God's youth, young adult and elders. He recently served as a keynote for the Archdiocese of Seattle, Washington's "2007 Sonfest"!

Fr. Norman is a talented visual artist, singer and rapper with positive and hip messages for everyone! Fr. Norman believes that, "If we are to move ahead in society as Catholic Church, we must move within, discovering the power of our sacraments and the power of God's mercy and love!!!" Fr. Norman is delighted to connect our hearts to Sydney, Australia, with inspiration and helpful catechesis. Together let's stand in Solidarity with the many World Youth Day Catholics this Summer '08!!!

PROGRAM

Friday, July 18, 2008

6:00 p.m. Groups may begin arriving at Gasper River Catholic Youth Camp & Retreat Center
9:00 p.m. Official Opening of Event
10:00 p.m. Music, Movies, Adoration, Confessions, etc.

Saturday, July 19, 2008

4:00 a.m. Live Up-link with Sydney for Vigil with Holy Father
6:00 a.m. Quiet Time

Saturday, July 19, 2008 (Continued)

9:00 a.m. Opening Prayer/Praise and Worship
10:00 a.m. Catechetical Session, Fr. Norman Fischer
11:00 a.m. Skits, Dances, Country Reports, Wrap-up to Lunch Break
12:00 p.m. Lunch break
1:00 p.m. Film Festival/Adoration/Confessions/Prayer Experiences
3:00 p.m. XLT
4:00 p.m. Procession to Main Stage
5:00 p.m. Mass with Bishop John McRaith Hear Holy Father's Homily
7:30 p.m. Formal Closing
8:00 p.m. Depart



DIOCESE OF OWENSBORO

Catholic Pastoral Center

NOTE: All chaperones and supervisory adults coming with a group, and all of the volunteers helping with the WYD Local Event **MUST** submit the following documents **prior to** the event. No exceptions. Those arriving at the WYD Local Event without the following documentation will not be admitted.

IMPORTANT NOTICE: In order to provide for the safety of our children and also be in compliance with the USCCB's *Charter for the Protection of Children and Young People* regarding the abuse of minors, we must require that all chaperones and supervisory adults be in compliance with their own diocesan policies regarding this issue.

For the Diocese of Owensboro:

1. Attend a *Safe Environment Program* for adults

2. Have a current background check completed.*

Those who have a current (not expired) background check card, need to send a copy of the card or clearance letter with your registration form.

Those who have a background check card that has expired or who have not had a background check, please fill out both Diocesan Background Forms (Criminal Background Check Form and Cabinet for Health and Family Services Form) available at your parish, Catholic Pastoral Center or online at <http://www.owensborodio.org/safe/webforms2.pdf> and turn them in so that a background check or renewal can be completed.

***Background check results from the state usually take 4-6 weeks. Results must have been received for a person to be cleared.**

For those outside of the Diocese of Owensboro, the following is required:

1. Send a letter from your diocese/parish listing all chaperones and supervisory adults.

2. All chaperones and other supervisory adults must provide evidence of compliance with Safe Environment policies of their own diocese, i.e. letter from diocese/parish stating the chaperone's name and compliance with the USCCB's *Charter for the Protection of Children and Young People*.

If you are missing needed documentation or have any questions, please call Molly Thompson in the Office of Safe Environment at 270.683.1545, ext. 353.

WYD LOCAL EVENT
Diocese Of Owensboro
July 18-19, 2008
Gasper River Catholic Youth Camp & Retreat Center, Bowling Green, KY

PARISH/SCHOOL/GROUP REGISTRATION FORM

Parish/School/Group Coordinator (1 per parish)

NAME _____ PARISH _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE (DAY) _____ EVENING _____

E-MAIL _____

YOUTH ATTENDING FROM YOUR PARISH/SCHOOL/GROUP

SUPORVIOSORY ADULT LEADER RESPONSIBLE FOR FOLLOWING YOUTH: _____

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

ADULT LEADER RESPONSIBLE FOR THE FOLLOWING YOUTH: _____

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Please duplicate this form as needed.

REGISTRATION FEE: \$25/person (must be postmarked by May 22, 2008)
Please make checks payable to: Diocese of Owensboro

**MAIL PARISH/SCHOOL/GROUP REGISTRATION FORM(S) AND 1 PARISH/SCHOOL/
GROUP CHECK TO:**
WYD, Office of Youth Ministry, 600 Locust St., Owensboro, KY 42301

DIOCESE OF OWENSBORO/ WYD LOCAL EVENT LIABILITY WAIVER AND PERMISSION FORM

YOUTH FORM

YOUTH FORM

July 18- 19, 2008 Available for incoming high school freshman – 35 years of age and chaperones

Send **\$25.00 Registration Fee** (check payable to Diocese of Owensboro) and completed Registration/Liability Release Form postmarked no later than **May 22nd** to:

Office of Youth Ministry (WYD Local Event), 600 Locust Street, Owensboro, KY 42301

DIOCESE OF _____ PARISH/SCHOOL/GROUP _____

Instructions: A separate copy of this waiver must be completed for each youth (incoming high school freshman - age 17) traveling to the World Youth Day Local Event (WYD Local Event). Each youth must submit a signed, *notarized* copy of this form, or the youth will not be permitted to attend WYD Local Event sponsored by the Office of Youth Ministry, Diocese of Owensboro, KY. Each youth must be registered under a chaperone or supervisory adult who is in compliance with the USCCB’s Charter for the Protection of Children and Young People. Because this form contains medical/emergency contact information, it is advisable to keep a copy of this signed waiver in your name badge at all times during the WYD Local Event. **By signing this waiver, you agree that you may be giving up legal rights and remedies available to yourself and your family. Read and complete this waiver carefully. If you have questions, contact an attorney.**

NAME: _____ AGE: _____ GENDER: F M

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SPECIAL NEEDS: (check all that apply) _____ wheelchair access _____ hearing impaired _____ visually impaired _____ mobility impaired
_____ other (please explain) _____

ALLERGIES (especially to medicine and food) chronic conditions, and/or current medications: _____

MEDICAL HISTORY: _____

MEDICAL INSURANCE PROVIDER: _____ POLICY #: _____

NAME OF INSURED MEMBER: _____ PHONE: _____

DOCTOR’S NAME: _____ PHONE: _____

EMERGENCY CONTACT NAME AND TELEPHONE NUMBERS:

NAME: _____ RELATIONSHIP: _____

HOME PH:(_____) _____ WORK PH:(_____) _____ CELL PH:(_____) _____

Nature of the WYD Local Event: I understand that the nature of this private WYD Local Event sponsored by the Office of Youth Ministry, Diocese of Owensboro, KY is: it will be held at the Gasper River Catholic Youth Camp & Retreat Center, in Bowling Green, Kentucky, from July 18-19, 2008, some 1,300 youth and adults will attend over two days, and as a condition of using the Facility, the Facility requires the WYD Local Event to retain outside security and medical personnel whose actions may be beyond our control. The WYD Local Event will be in session from 6:00 PM-12:00 AM on day one, 12:00 AM-8:00 PM on day two, excluding quiet time and breaks for meals.

Nature of Risks: I understand that voluntarily traveling to and attending an Event of this nature may involve certain risks beyond the reasonable control of the Office of Youth Ministry, its officers, directors, volunteers and agents in connection with the WYD Local Event (“Office of Youth Ministry et al.”), the Diocese and all parishes within it, and their respective officers, directors, volunteers and agents, and chaperones or representatives associated with WYD Local Event (“Diocese et al.”) and Gasper River Catholic Youth Camp & Retreat Center, its officers, directors, volunteers and agents in connection with the WYD Local Event (“Facility et al.”), including but not limited to accidents, emergencies, exposure to reckless conduct of other person, and/or negligence of the Facility’s security and medical personnel, and that Office of Youth Ministry et al. And the Diocese et al. disclaim any and all responsibility for any such risks, I understand that my child will sometimes be at the Facility site, and at other times may be at other places such as pilgrimage walk to the Facility or on tourist excursions in or about Bowling Green. If during any break in the WYD Local Event there may be an opportunity to participate in recreational or other activities away from the Facility, participants do so at their own risk and subject to all terms and conditions set by any recreational or other provider.

OVER—THIS FORM CONTINUES ON THE NEXT PAGE.

Waiver of Liability/Hold Harmless: By signing this liability waiver, I agree and acknowledge that I may be giving up important legal rights and remedies available to myself, my family, my heirs, successors, and assigns. For Value received, I agree on behalf of myself, my child's other parent if known or living, my child named herein, and our heirs, successors, and assigns ("Our Behalf") that I assume all risks and waive any liability of any nature whatsoever against and agree to hold harmless the Office of Youth Ministry et al., the Facility et al. and the Diocese et al. with respect to any and all actions, claims or demands that may be made or brought on Our Behalf against the Office of Youth Ministry et al., the Facility et al. and/or the Diocese et al. arising out of or in connection with my child's travel to or attendance at the WYD Local Event, or any other activity my child may engage in while in the Bowling Green area. Further, for value received, for any injury to third parties that may arise because of my child's actions or omissions, I agree to hold harmless and defend the Office of Youth Ministry et al., the Facility et al. and the Diocese et al. with respect to any and all actions, claims, expenses or demands arising therefrom that may be made or brought against the Office of Youth Ministry et al., the Facility et al. and/or the Diocese et al., including but not limited to reasonable attorneys' fees and expenses arising in connection therewith.

Medical Permissions (Limited): As a condition of attending the WYD Local Event at the Facility, I grant permission in the event of an emergency or accident for emergency medical care to be administered to my child within the Facility and/or during or after transportation to a hospital or doctor for emergency medical care. I understand that in Kentucky a person may claim Good Samaritan defenses for providing in good faith gratuitous emergency care at the scene of any emergency or accident. I further understand that it is not the Office of Youth Ministry et al. responsibility to attempt to reach my child's emergency contact and that I remain responsible for my child's medical expenses. In the event it comes to the attention of the Facility medical personnel or the Diocese et al. that my child complains of illness, I grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child by the Facility medical personnel or the Diocese et al.

Diocesan Youth Code of Conduct: I agree to instruct my child to abide by all rules and regulations as outlined in the Diocesan Youth Code of Conduct, Form D-3 (the "Code") (<http://www.owensborodio.org/safe/Childrens%20CodesConduct.pdf>). I understand that if I have not heretofore seen the Code, it is my duty to seek a copy of the Code and to have reviewed it and explained it to my child prior to signing this waiver. I agree that if my child fails to abide in any way by the Code, that my child can be dismissed from the WYD Local Event and sent home immediately at my expense for the immediate transportation home with no right of reimbursement or refund for any amount in connection therewith from the Office of Youth Ministry et al.

Initials of Parent/Guardian _____

Youth: As a participant in the WYD Local Event, I understand and agree to conform to the Code (<http://www.owensborodio.org/safe/Childrens%20CodesConduct.pdf>). I also understand and agree that my parent/guardian will be notified at the time of any infractions requiring my dismissal from the WYD Local Event and that I will be sent home at my parent's/guardian's expense. Among other things, being found with any alcoholic beverages, drugs or weapons is cause for automatic dismissal from the WYD Local Event.

Initials of Youth _____

WYD Local Event Fee Nonrefundable: I agree that if my child suffers an illness requiring dismissal from the WYD Local Event, there is accident or emergency requiring dismissal of my child from the WYD Local Event, if my child commits an infraction of the Code, or if the WYD Local Event must be discontinued in event of accident or emergency, my child must return home at my expense, and I assume the risk of any loss of any nonrefundable or additional costs associated with travel and fees for the WYD Local Event, with no right of reimbursement or refund for any amount in connection with therewith from the Office of Youth Ministry et al., the Diocese et al. or the Facility et al.

I fully understand the consequences of and sign this LIABILITY WAIVER AND PERMISSION knowingly, freely, and willingly.

Signature of Adult Participant _____ Date _____

Signature of Youth _____ Date _____

NOTARY (REQUIRED)

City/County of _____; State of _____

On this _____ day of _____, 2008, before me personally appeared the adult named hereinabove, who is personally known to me or produced positive identification, and who executed the foregoing Liability Waiver and Permission Form, and acknowledged that he/she executed the same as his/her free act and deed.

Signature of Notary Public: _____

My commission expires: _____

[NOTARIAL SEAL]

DIOCESE OF OWENSBORO/ WYD LOCAL EVENT LIABILITY WAIVER AND PERMISSION FORM

ADULT FORM

ADULT FORM

July 18- 19, 2008

Available for incoming high school freshman – 35 years of age and chaperones

Send **\$25.00 Registration Fee** (check payable to Diocese of Owensboro) and completed Registration/Liability Release Form postmarked no later than **May 22nd** to:

Office of Youth Ministry (WYD Local Event), 600 Locust Street, Owensboro, KY 42301

Diocese of _____ Parish/School/Group _____

Instructions: A separate copy of this waiver must be completed for each adult (age 18 and over and/or chaperone) traveling to the World Youth Day Local Event (WYD Local Event). Each adult must submit a signed, *notarized* copy of this form, or the adult will not be permitted to attend WYD Local Event sponsored by the Office of Youth Ministry, Diocese of Owensboro, KY. Any adult who is chaperoning a minor must be in compliance with the USCCB’s Charter for the Protection of Children and Young People. Because this contains medical/emergency contact information, it is advisable to keep a copy of this signed waiver in your name badge at all times during the WYD Local Event. **By signing this waiver, you agree that you may be giving up legal rights and remedies available to yourself and your family. Read and complete this waiver carefully. If you have questions, contact an attorney.**

NAME: _____ AGE: _____ GENDER: F M

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

If registrant is a priest, are you willing to hear confessions: _____ yes _____ no

SPECIAL NEEDS: (check all that apply) _____ wheelchair access _____ hearing impaired _____ visually impaired _____ mobility impaired
_____ other (please explain) _____

ALLERGIES (especially to medicine and food) chronic conditions, and/or current medications: _____

MEDICAL HISTORY: _____

MEDICAL INSURANCE PROVIDER: _____ POLICY #: _____

NAME OF INSURED MEMBER: _____ PHONE: _____

DOCTOR’S NAME: _____ PHONE: _____

EMERGENCY CONTACT NAME AND TELEPHONE NUMBERS:

NAME: _____ RELATIONSHIP: _____

HOME PH: (_____) _____ WORK PH: (_____) _____ CELL PH: (_____) _____

Nature of the WYD Local Event: I understand that the nature of this private WYD Local Event sponsored by the Office of Youth Ministry, Diocese of Owensboro, KY is: it will be held at the Gasper River Catholic Youth Camp & Retreat Center, in Bowling Green, Kentucky, from July 18-19, 2008, some 1,300 youth and adults will attend over two days, and as a condition of using the Facility, the Facility requires the WYD Local Event to retain outside security and medical personnel whose actions may be beyond our control. The WYD Local Event will be in session from 6:00 PM-12:00 AM on day one, 12:00 AM-8:00 PM on day two, excluding quiet time and breaks for meals.

Nature of Risks: I understand that voluntarily traveling to and attending an Event of this nature may involve certain risks beyond the reasonable control of the Office of Youth Ministry, its officers, directors, volunteers and agents in connection with the WYD Local Event (“Office of Youth Ministry et al.”), the Diocese and all parishes within it, and their respective officers, directors, volunteers and agents, and chaperones or representatives associated with WYD Local Event (“Diocese et al.”) and Gasper River Catholic Youth Camp & Retreat Center, its officers, directors, volunteers and agents in connection with the WYD Local Event (“Facility et al.”), including but not limited to accidents, emergencies, exposure to reckless conduct of other person, and/or negligence of the Facility’s security and medical personnel, and that Office of Youth Ministry et al. And the Diocese et al. disclaim any and all responsibility for any such risks, I understand that I will sometimes be at the Facility site, and at other times may be at other places such as pilgrimage walk in to the Facility or on tourist excursions in or about Bowling Green. If during any break in the WYD Local Event there may be an opportunity to participate in recreational or other activities away from the Facility, participants do so at their own risk and subject to all terms and conditions set by any recreational or other provider.

OVER—THIS FORM CONTINUES ON THE NEXT PAGE.

Waiver of Liability/Hold Harmless: By signing this liability waiver, I agree and acknowledge that I may be giving up important legal rights and remedies available to myself, my family, my heirs, successors, and assigns.

For Value received, I agree on behalf of myself, my heirs, successors, and assigns (“Our Behalf”) that I assume all risks and waive any liability of any nature whatsoever against and agree to hold harmless the Office of Youth Ministry et al., the Facility et al. and the Diocese et al. with respect to any and all actions, claims or demands that may be made or brought on Our Behalf against the Office of Youth Ministry et al., the Facility et al. and/or the Diocese et al. arising out of or in connection with travel to or attendance at the WYD Local Event, or any other activity I may engage in while in the Bowling Green area.

Further, for value received, for any injury to third parties that may arise because of my own actions or omissions, I agree to hold harmless and defend the Office of Youth Ministry et al., the Facility et al. and the Diocese et al. with respect to any and all actions, claims, expenses or demands arising therefrom that may be made or brought against the Office of Youth Ministry et al., the Facility et al. and/or the Diocese et al., including but not limited to reasonable attorneys’ fees and expenses arising in connection therewith.

Medical Permissions (Limited): As a condition of attending the WYD Local Event at the Facility, I grant permission in the event of an emergency or accident rendering me unconscious for emergency medical care to be administered to me within the Facility and/or during or after transportation to a hospital or doctor for emergency medical care. I understand that in Kentucky a person may claim Good Samaritan defenses for providing in good faith gratuitous emergency care at the scene of any emergency or accident. I further understand that it is not the Office of Youth Ministry et al. responsibility to attempt to reach my emergency contact and that I remain responsible for my own medical expenses.

Diocesan Adult Code of Conduct: While I agree that at all times my actions as a chaperone will be subject to the supervision and control of my Diocese, I also agree to abide by all rules and regulations as outlined in the Diocese of Owensboro’s Adult Code of Conduct (“Code”) (<http://www.owensborodio.org/safe/AdultCodeConduct2007Apr.pdf>). I understand that if I have not heretofore seen the Code, it is my duty to seek a copy of the Code and to have reviewed it prior to signing this waiver. I agree that if I fail to abide in any way by the Code, that I may be dismissed from the WYD Local Event with no right of reimbursement or refund for any amount in connection therewith from the Office of Youth Ministry et al.

WYD Local Event Fee Nonrefundable: I agree that if I suffer an illness requiring dismissal from the WYD Local Event, there is accident or emergency requiring dismissal of myself from the WYD Local Event, if I violate the Code, or if the WYD Local Event must be discontinued in event of accident or emergency, I must return home at my expense, and I assume the risk of any loss of any nonrefundable or additional costs associated with travel and fees for the WYD Local Event, with no right of reimbursement or refund for any amount in connection with therewith from the Office of Youth Ministry et al., the Diocese et al. or the Facility et al.

I fully understand the consequences of and sign this LIABILITY WAIVER AND PERMISSION knowingly, freely, and willingly.

Signature of Adult Participant _____ Date _____

NOTARY (REQUIRED)

City/County of _____; State of _____

On this _____ day of _____, 2008, before me personally appeared the adult named hereinabove, who is personally known to me or produced positive identification, and who executed the foregoing Liability Waiver and Permission Form, and acknowledged that he/she executed the same as his/her free act and deed.

Signature of Notary Public: _____

My commission expires: _____

[NOTARIAL SEAL]

T-Shirt Pre-Order Form

T-shirts may be pre-ordered at a cost of \$10.00-\$13.50 per shirt (depending on size) and will be ready for pick up onsite at the WYD Local Event. Please mail completed order form, postmarked by May 22, 2008, and a check made payable to Diocese of Owensboro to: Office of Youth Ministry (WYD Local Event), 600 Locust Street, Owensboro, KY 42301.

Limited sizes will be available onsite at a cost of \$20 each.
(Pre-order to guarantee yourself a t-shirt.)

Group Leader _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Please list person's name and shirt size for each pre-ordered t-shirt.

(Sizes are adult sizes only.)

Small – XL are \$10.00 Add \$2.50 for 2XL size or \$3.50 for 3XL size

Example: _____ Susan James _____ size _____ medium _____

1 _____ size _____

2 _____ size _____

3 _____ size _____

4 _____ size _____

5 _____ size _____

6 _____ size _____

7 _____ size _____

8 _____ size _____

9 _____ size _____

10 _____ size _____

Please duplicate this form as needed.

Page _____ of _____