

ST. ANDRE BESSETTE PRESENTS
“BUT WHO DO YOU SAY THAT I AM?”
IGNITE YOUTH MINISTRY 2018–2019

St. Andre Bessette IGNITE Youth Ministry welcomes all grade 6-7-8 youth for another year of Formation, Fellowship and Fun! Join us as we explore this year’s theme, inspired by the gospel of Matthew: “But who do you say that I am?” (Mt 16:15). Who is Jesus to you? Who are you in His eyes? Come and discover the truth of your identity in Christ.

When?? Every Friday night from 7pm to 9pm – begins September 28th 2018

Where?? St. Raphael the Archangel Catholic Elementary School
(Located at 131 Ravineview Drive, Vaughan)
*Youth gather in the gymnasium

Tentative Dates for 2018-2019

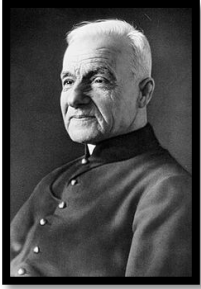
28-Sep	14-Dec	05-Apr
05-Oct	11-Jan	12-Apr
12-Oct	25-Jan	26-Apr
19-Oct	08-Feb	03-May
26-Oct	15-Feb	10-May
02-Nov	22-Feb	17-May
16-Nov	01-Mar	24-May
30-Nov	22-Mar	31-May
07-Dec	29-Mar	07-Jun



If you would like more information or are interested in volunteering, please contact Stefania Lista (Youth Minister) at sd.lista@gmail.com



Don't forget to follow us on Instagram [@standreyouth](https://www.instagram.com/standreyouth) for photos and updates!



ST. ANDRE BESSETTE IGNITE YOUTH MINISTRY

KICK-OFF SEPTEMBER 28TH AT 7:00 P.M.

Event(s): St. Andre Besette Parish IGNITE 2018-2019

Date/ Time: Friday 7:00- 9:00 pm

Where St. Raphael School Gym

Supervision: Fr. Peter, Youth Minister and IGNITE Core team

Participant Info

Name: _____ **Edger's E-mail:** _____

Home Phone: _____ **T-shirt Size (adult):** _____

Birthdate: _____ **Gender:** _____ **Grade:** _____

Medical Info/ Allergies: _____

Health Card Number: _____

Family Info

Home Address: _____

City: _____ **Postal Code:** _____

Mother's Name: _____ **Mother's Cell Phone:** _____

Father's Name: _____ **Father's Cell Phone:** _____

Parent E-mail: _____

Emergency Contact (other than parents) _____

Emergency Phone: _____ **Relationship:** _____

Release

I/we understand that reasonable precaution will be taken to safeguard the health and safety of the participant(s) and that the designated emergency contact person will be notified as soon as possible in case of emergency. In the event of any sickness or accident person(s) will not hold **St. Andre Bessette Parish, the Archdiocese of Toronto**, any youth minister, volunteer, chaperone, or driver responsible.

Medical Care

I/we authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist, or surgeon; licensed to practice in the Province of Ontario. The undersigned understand(s) and agree(s) that any medical, dental, or hospital expense incurred shall be at their own expense. The undersigned understand(s) every effort will be made to notify the emergency contact in the event that treatment is necessary.

Permission

In signing this I am granting my youth permission to participate in St. Andre Bessette INGITE Nights at the above location.

Photography

I understand my son/daughter's photograph and/or likeness and name may be used in a future promotion whether that be a parish publication, website, or video publication. I give permission for photographs and/or videos of my son/daughter to be uploaded to Instagram.

Pick-Up

Please ensure that you come inside to pick up your son/daughter at the end of the IGNITE night.

Registration Fee for the year is \$20
Amount Paid \$_____ Cheque #_____
NO STUDENT IS EVER TURNED AWAY FOR LACK OF FUNDS

Check the appropriate box ONLY IF the statement applies:

- He/She has **NOT** been baptized in the Catholic Church
- I/We would like to discuss baptism and/or sacrament preparation for our son/daughter

Youth Signature: _____

Date: _____

Parent Signature: _____

Date: _____