



SCRC Teen Conference

Saturday, September 2, 2017

Anaheim Convention Center

On Fire for God!

- Live Music
- Skits
- Adoration
- Prayer Ministry
- Confession
- Healing Mass



David Calavitta



Jon Martin & ReSound LA Band



Laura Schuberg



Paul J. Kim



Fr. Tim Grumbach



Deacon Doug

scrc.org/teen

SCRC Teen Conference Registration Form

This form may be duplicated as needed.



Please make check payable and mail to:
SCRC
 9795 Cabrini Drive, Suite 208
 Burbank, CA 91504-1740
 (818) 771-1361 fax (818) 771-1379
scrc.org spirit@scrc.org

office use only
 rcv'd _____
 fa _____
 don _____
 date _____
 by _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

fax () _____ email _____

Age _____ High School (Grades 9-12) Middle School (Grades 6-8) Youth Minister/Adult Chaperone (21 or over)

Please send me # _____ teen flyers to the above address

Attention Youth Groups & Youth Ministers! please complete as applies

I came with a Youth Group from I am a Youth Minister from

Parish _____ City _____

My Youth Minister's name is _____

I have been recruited to Volunteer

Recruited by _____ to serve as _____ Area of Service _____
SCRC Representative

Teen Weekend Schedule

Friday, September 1: Teens welcome to attend Arena Talks with chaperone.
ARENA 7:00pm- 9:30pm **Mass in Arena: Celebrant Fr. Ismael Robles**

Saturday, September 2: 9:00am-12:30pm & 2:00pm-5:00pm **Teen Sessions**
3rd FLOOR 7:00pm-10:05pm **Teen Mass & Healing Service**
(Mass open to registered teens and their adult chaperones.)

Sunday, September 3: Teens welcome to attend Arena Talks with chaperone.
ARENA 2:30pm- 4:30pm **Mass with Main Celebrant: Bishop Gordon Bennett**

Bring a jacket or sweatshirt.
 Convention Center air conditioning is always on.

Attention Parents-Adult Chaperones!

Teen Conference Guidelines

- Parent/Adult Chaperone (21 or over) must be registered and attending the Convention while the Teen Conference is in session. Parent/legal guardian must sign the Responsibility/Medical Agreement below.*
- It is the responsibility of the Parent/Adult Chaperone to make sure that the student arrives at each session. Students will not be released while the program is in session.
- At the conclusion of each session, the students will be released and become the responsibility of the Parent/Adult Chaperone. The Teen Conference will end after the adult workshops, to give the Parent/Adult Chaperones ample time to meet the students.
- Teens may attend Friday & Sunday Arena ONLY Talks with Parent/Adult Chaperone at no extra cost.

Parent Signature Required!!!

(for students 17 and under)

* Responsibility/Medical Agreement

Parent/Adult Chaperone assumes full responsibility of their teen when teen program is not in session. If a medical emergency should arise while a teen is participating in the program, the on-duty Convention Center nurse will be available to determine appropriate medical care for the teen. Any costs incurred in obtaining said medical care shall be the sole responsibility of the parent/legal guardian. If a teen does not attend the entire teen program, SCRC assumes no responsibility for their safety, actions or whereabouts.
*I have read & agree to the above requirements.

Call Phone Contact # for Parent/Legal Guardian () _____

Required parent/legal guardian signature _____ date _____

Youth Group Guidelines

- Youth Group adult chaperones (21 or over) are expected to stay with their groups throughout the weekend.
- For every 10 High School students, one adult chaperone is required.
- For every 5 Middle School students, one adult chaperone is required.

On-Site Teen Registration

Before teens can be registered, Parent/Legal Guardian (21 or over) must sign Responsibility/Medical Agreement. Youth Ministers must bring evidence of parents' consent for teen to attend any part of this event.

REGISTRATION FEES



Saturday Teen Conference _____ @ \$40 per teen/chaperone \$ _____
 Price includes optional Arena Talks & Masses Fri. & Sun. with adult chaperone.

METHOD OF PAYMENT

Cash Check/MoneyOrder VISA MasterCard Discover AmericanExpress

Credit Card # _____

Exp. Date _____ Signature _____