



December 14, 2021

Dear Colleagues,

In the summer of 2022 the CYO/Youth & Young Adult Ministry Office will again offer the Catholic Leadership Institute, an opportunity for high school age young people to learn and experience the Church's message about servant leadership and to gain concrete, practical skills to take back to their parishes and high schools.

CLI offers an opportunity to train the students you identify as having leadership potential. They do not necessarily have to already be the prominent leaders in your school or parish. If you see the potential for leadership, CLI will give them the skills to grow into leadership positions. It is our hope that CLI can be a resource to you in growing new leadership for your ministries. The most effective publicity involves inviting specific teens to register. An offer of financial support is also beneficial and will pay many dividends to the parish or school.

CLI will be held on June 6-10, 2022, at the University of Holy Cross. Participants will be expected to arrive by 9:00 AM on June 6 and remain until 4:00 PM on June 10. The cost for the week is \$375 which includes lodging, all meals, and institute supplies.

Registration involves the young person sending a deposit of \$100, as well as the enclosed registration & liability/medical release forms, no later than Monday, March 7, 2022. Balance payments of \$275 will be due by Monday, April 25, 2022. Students involved in campus ministry clubs and teams, retreat teams, student council, CLC's, CYO, Life Teen, parish youth groups, etc. can all benefit from this opportunity. We hope that you might consider CLI as an opportunity for quality ministry leadership training, especially in that it will present skills in the context of our Catholic faith, emphasize the concept of servant leadership, and encourage them to utilize these skills for the growth of your parish or school community.

If you have any questions, please contact me at 504-836-0551, ext. 3219. God bless you in your ministry to the youth of our Church.

In Christ,

A handwritten signature in black ink, appearing to read "Adrian Jackson", is written over a horizontal line.

In Christ,  
Adrian Jackson  
Director  
CYO/Youth & Young Adult Ministry Office  
Archdiocese of New Orleans



## **Catholic Leadership Institute 2022**

The CYO /Youth & Young Adult Ministry Office will host the Catholic Leadership Institute from June 6-10, 2022, at the University of Holy Cross in New Orleans.

Catholic Leadership Institute (CLI) is based on the national program that has been forming the young Church for over thirty years. The program seeks to teach students how to be leaders in high school and parish settings. CLI is unique in that leadership principles, skills and abilities are presented through the lens of the life and ministry of Jesus Christ.

The five-day workshop will include:

- Skills Training in evangelization, communication, peer ministry, event planning, decision-making, commitment and more.
- Prayer and Worship through youth-planned prayer experiences and liturgies.
- The opportunity to "learn by doing" where participants become responsible for leading others during the institute.

Registration includes:

- Lodging for the five days/ four nights
- All meals
- All institute materials
- CLI T-shirt

The institute is seeking mature high school age students entering 8<sup>th</sup> through 12<sup>th</sup> grades in the fall of 2022. The program is designed for young people who are entering leadership roles in the parish or high school the following year.

The registration fee for CLI is \$375. Limited scholarships are available; please request an application early in order to accommodate your financial needs. In addition, participants are encouraged to seek sponsors to help with fees; examples include parishes, high schools, Knights of Columbus councils, Knights of Peter Claver, and businesses.

Registration is now open by sending the registration form and non-refundable \$100 deposit to the CYO Office. Forms are available on [www.cyo-no.org](http://www.cyo-no.org); go to "downloads" and then the "CLI" folder.

For more information or to ask questions, please contact:

Bree Higginbotham - [cyo@arch-no.org](mailto:cyo@arch-no.org), or 504-861-0551, ext. 3221

# CLI 2022 REGISTRATION SHEET

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

Student Cell Phone: \_\_\_\_\_ Home Number: \_\_\_\_\_

Student E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Representing (check one):  Church parish  High School T-Shirt Size: \_\_\_\_\_

Church Parish: \_\_\_\_\_ School Attending: \_\_\_\_\_

Current Grade Level:  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_

Emergency Contact (Other than Parent/Guardian) Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Do you know anyone else attending CLI?  If so, who? \_\_\_\_\_

Where/from whom did you hear about CLI? \_\_\_\_\_

List your SCHOOL commitments (extracurricular activities): \_\_\_\_\_

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List your CHURCH PARISH involvement: \_\_\_\_\_

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Hobbies/Other Commitments: \_\_\_\_\_  
\_\_\_\_\_

GIFTS/Areas of interest (Check all which apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Working with liturgy (prayer planner/leader) | <input type="checkbox"/> Musician/Singer                             |
| <input type="checkbox"/> Leading small groups (retreat, discussion)   | <input type="checkbox"/> Artist                                      |
| <input type="checkbox"/> Icebreakers/leading large groups             | <input type="checkbox"/> Organization                                |
| <input type="checkbox"/> Working with younger children                | <input type="checkbox"/> Office help (typing, filing, making copies) |
| <input type="checkbox"/> Working with poor, homeless                  | <input type="checkbox"/> Working with the elderly                    |
| <input type="checkbox"/> Others: _____                                |  |

What LEADERSHIP TRAINING or EXPERIENCE have you had, and when? (Workshops/conferences you've attending, offices in high school and/or parish youth ministry you've held, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Some things that would help me IMPROVE my LEADERSHIP SKILLS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you attended CLI in the past?    YES        NO        If so, what year(s)? \_\_\_\_\_

Since you last attended CLI, how have you put into use the leadership skills you learned at CLI?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Please return this registration sheet, along with payments, and liability & medical release forms to:

**CYO Office, 2241 Mendez Street, New Orleans, LA 70122**



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Young Adult Ministry



**MEDICAL INFORMATION & CONSENT FORM**

**General Instructions to Parents/Guardians:**

1. Please take care in filling out this form. It provides crucial information for caregivers in the event of illness or medical emergency. Accuracy and thoroughness are encouraged.
2. Sections I, II, and V are mandatory. Sections III and IV provide you with treatment options in non-emergency situations.

Participants Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**SECTION I: MEDICAL MATTERS**

As the parent/legal guardian of the above named child, who is currently associated with \_\_\_\_\_ Parish/School, I hereby authorize **CYO/Youth & Young Adult Ministry Office/CLI Leadership Team** or their assistants to carry out the wishes I have named (herein) in areas of emergency medical treatment and other cases of illness. This authorization inclusively extends from **June 1, 2022** through **June 30, 2022**. I hereby warrant that, to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION II: EMERGENCY MEDICAL TREATMENT**

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the numbers listed herein, please contact:

Name & relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OVER →**

**SECTION III: OTHER MEDICAL TREATMENT**

(OPTIONAL. SIGN ONLY IF YOU WANT TO BE NOTIFIED IN THE FOLLOWING INSTANCES)

In the event it comes to the attention of the parish, its officers, directors and agents, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION IV: MEDICATIONS** (SIGN ONLY THOSE OPTIONS THAT ARE APPLICABLE)

- **OPTION 1:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- **OPTION 2:** I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- **OPTION 3:** NO medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION V: MEDICAL INFORMATION**

The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed-wetting, fainting? \_\_\_\_\_

Has child recently been exposed to any contagious disease or conditions, such as mumps, measles, chickenpox, etc? \_\_\_\_\_ If so, date and disease or condition: \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_



**REGULATIONS FOR CATHOLIC LEADERSHIP INSTITUTE 2022**

VIOLETIONS OF ANY OF THE REGULATIONS LISTED BELOW MAY RESULT IN YOUR IMMEDIATE RETURN HOME BY COMMERCIAL CARRIER AT PARENTS' EXPENSE

- Following these regulations is required for the entire duration of this activity.
- Chaperones are to be respected at all times; instructions are to be followed.
- Alcohol, smoking/vaping, illegal drugs, and weapons/dangerous items of any sort are forbidden.
- Items of a political nature, particularly clothing, will not be permitted
- Sexual activity inconsistent with the teachings of the Roman Catholic Church is forbidden.
- Room assignments may not be changed once assigned at the hotel; members of the opposite sex may not enter each other's rooms at **any** time.
- No one is permitted to leave the area of a designated activity such as a restaurant, hotel, tour location, etc. without the express permission and escort of a chaperone.
- Anyone damaging property will be held responsible for the cost of damages. CYO is not responsible for damage expenses that an individual incurs. Theft of property is forbidden.
- If a participant uses prescription medication (i.e. insulin, Ritalin, pain medication, etc.), the director reserves the right to have a chaperone hold and administer such medication.
- You must be on time for all departures, arrivals, and other scheduled activities.
- The announced curfew will be respected at night, and violations, especially those that involve management, security, or law enforcement will be dealt with seriously.
- The CYO Office is *not* responsible for any lost or stolen items of value you choose to bring with you, such as laptops, expensive electronics, expensive jewelry, etc.
- Consequences for violating any of these regulations may include loss of privileges on this trip or future CYO activities, suspension, expulsion, informing of your high school's administration, and being sent home during the trip via commercial carrier at parent/guardian's expense.

I have read and discussed the regulations for Catholic Leadership Institute, June 6-10, 2022, with my son and/or daughter and he and/or she is aware of them.

I understand that if my child violates the CYO Code of Conduct, any of the above mentioned rules, or any others deemed necessary by the director and adult chaperones for the safety and welfare of the group, I agree to have my child sent home immediately at my expense via commercial carrier. I understand that further disciplinary action may be taken upon return home depending upon the gravity of the violation.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Age

\_\_\_\_\_  
Signature of Parent/Guardian



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**PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER**

**PARTICIPANT INFORMATION**

Participants Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in this parish activity that may require transportation to a location away from the parish site. This activity will take place under the guidance and direction of employees and/or volunteers from **CYO/Youth & Young Adult Ministry Office/CLI Leadership Team**. A brief description of the activity follows:

**EVENT INFORMATION**

**Event:** Catholic Leadership Institute 2022

**Location(s):** University of Holy Cross, New Orleans

**Individual(s) in charge:** Adrian Jackson – Director, CYO/Youth & Young Adult Ministry Office  
Beth Joubert & Alecia Bloodworth – CLI Leadership Team Coordinators

**Duration of activity:** Monday, June 6, 2022 – Friday, June 10, 2022

**Mode of transportation to and from event:** Participants responsible for their own transportation

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to indemnify, hold harmless, and defend the **CYO/Youth & Young Adult Ministry Office** and the Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives associated with the event arising from or in connection with the negligence and/or intentional acts of my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**PARENTAL/GUARDIAN COVID-19 CONSENT FORM & LIABILITY WAIVER**

Participants Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and as a result, social distancing is recommended. **CYO/Youth & Young Adult Ministry Office** will follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 at its Parish/School activity (including but not limited to summer camp). However, even though such standards will be followed and reasonable measures put into place, **CYO/Youth & Young Adult Ministry Office** cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Parish/School activity could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by participating in the parish/school activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at **CYO/Youth & Young Adult Ministry Office** may result from the actions, omissions, or negligence of myself and others, including, but not limited to, **CYO/Youth & Young Adult Ministry Office** employees, volunteers, and program participants and their families.

Considering the foregoing, however, I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in this Parish/School activity that may require transportation to a location away from the Parish/School site, notwithstanding the risks associated with the COVID-19 virus and group activities. I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I further agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to release, indemnify, and hold harmless **CYO/Youth & Young Adult Ministry Office**, the Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives ("Indemnitees") associated with the event arising from or in connection with the negligent acts or omissions of the Indemnitees ONLY in regard to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE TO THE FOREGOING.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_