

STEUBENVILLE

HIGH SCHOOL YOUTH CONFERENCE

July 8-10th, 2016



Join us for a weekend of faith, amazing music, fun & friends...

Who: Current 8th Graders — Current 12th Graders

What: A weekend away with a few thousand Catholic teens seeking to encounter God & experience His love through the power of the Sacraments, dynamic Catholic speakers, uplifting music, & new friends!

Where: Franciscan University, Steubenville, OH

When: July 8-10, 2016

- Bus leaves St. Raymond's at 8:00am on Friday, July 8th
- Returns on Sunday, July 10th at approximately 7:00pm

REGISTRATION INFORMATION

Cost: \$235/person

Cost includes ticket to the conference, meals from Friday night through Sunday lunch, charter bus transportation and a t-shirt
(Scholarships available for those in need. Contact Jeanne for more details.)

DEADLINE: April 1st

To save your spot you MUST complete these TWO steps

1. Fill out the permission slip and turn in the *original* copy to the parish office.
2. Pay your \$50 (non-refundable) deposit online under the Youth Apostolate section of our website <http://www.straymonds.org> or via check made payable to *St. Raymond's*. Checks & Forms should be turned in to the Parish Office

Space is limited and spots are filled on a first come, first serve basis!!

Call Jeanne TODAY if you have any questions, 571-334-9890

STEUBENVILLE CONFERENCE (JULY 8-10, 2016) PERMISSION SLIP

Participant's Name: _____ Birth Date: ___/___/___ Grade: _____ T-SHIRT SIZE _____

Participant's Cell: _____ Participant's Email: _____ School: _____

Home Phone: _____ Home Address: _____

Mom's Name: _____ Mom's Cell: _____ Mom's Email: _____

Dad's Name: _____ Dad's Cell: _____ Dad's Email: _____

Type of event: _____

Destination of event: Franciscan University of Steubenville (Steubenville, Ohio)

Estimated time of departure: 8am (July 8th) **Return:** 7pm (July 10th)

Transportation to and from event: Charter Bus

Parental Permission and Liability Release: As parent/legal guardian of the participant named above, I give my permission to participate fully in **St. Raymond of Penafort Youth Apostolate's trip to the Steubenville High School Youth Conference from 8am July 8th until 7pm July 10th**. I agree to indemnify and hereby release the The Most Reverend Paul S. Loverde Bishop of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above mentioned event (including transportation to and from the event). Furthermore, I on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event.

Parent/Legal Guardian Signature

Date

Informed Consent to Medical Treatment: I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I/we do hereby assume responsibility for the participant's transportation home and any costs related thereto.

Photo: Also, I authorize the Diocese of Arlington to use my child's picture or video recording for educational and/or marketing purposes. Parents/guardians who do not wish their child to be photographed or filmed should notify the Office of Youth Ministry in writing.

Emergency Contact: Name: _____ Relationship: _____ Phone: _____

Health Information: Are there any medical conditions which may affect the participant's involvement in the above event?

Are there any known allergies including any allergies to medicine? _____

Physician and Medical Insurance: Primary Healthcare Provider _____ Phone _____

Insurance Company _____ Policy Number: _____

I/we understand and hereby agree to the terms and conditions of the participant's involvement in the above described event and I freely execute this Acknowledgement with full knowledge of its content.

Parent/Legal Guardian Signature

Date