

Steubenville High School Youth Conference July 8-10th

Teens currently in 8-12th grade are invited to join us for a weekend away with a few thousand Catholic teens to encounter God & experience His love through the power of the Sacraments, youthful dynamic Catholic speakers, uplifting music & new friends!



Steubenville was an amazing experience that was eye opening in that it really made you think about topics that you normally wouldn't think about, in different perspectives. The talks were extremely inspiring and I still remember them to this day. I made friends and had a great time. I recommend this conference for anyone who is unsure or unused to being involved in the church community and is wanting to try something new. ~St. Raymond's Teen

How to Register:

- Send in your payment of \$175 /parishioner; \$300/non-parishioner or [pay online](#).**
 - Cost includes travel, most meals, conference, room & board and a t-shirt!
 - Make checks payable to *St. Raymond's*
 - Financial assistance is available for parishioners. It is our parish policy that no youth should ever be turned away for lack of finances. Please contact Jeanne if money is the only thing holding you back. We are more than happy to help!
- Complete and turn in this registration packet.**
 - [YA Info Sheet](#) only needs to be completed if you have not done so yet this academic year.
- Participate in *all remaining* Bake Sale Fundraisers (baking and/or selling)**
 - *The *actual* cost of the conference plus travel and t-shirt is \$350/person...Fundraising also helps to cover the expense of our chaperones as well as other expenses, such as van rentals.
 - While it is not required, it is highly encouraged that you also participate in Bake Nights (baking together in the parish hall) for the Bake Sales on Friday nights prior to sale weekend from 7-9pm.
- Get to know others who are going by participating in one and/or both of the following:**
 - Sunday night HS Youth Group (9-12th graders registered for Steubenville can participate)
 - We will also have a gathering for all attendees once all slots have been filled.

Questions: Contact Jeanne youth@straymonds.org 571-334-9890

Registration Due March 27th

**St. Raymond's Youth Apostolate
Steubenville Youth Conference 2022**

When: **July 8th-10th**

Meet at St. Ray's parish hall at **8:00am SHARP on Friday, July 8th**
Return to St. Raymond's around **8:00pm on Sunday, July 10th**

Where: **Franciscan University of Steubenville**

1235 University Blvd.
Steubenville, OH 43952

Cost: **\$175/parishioner; \$300/non-parishioner**

(Financial assistance is available as needed for parishioners; contact Jeanne)

What to Bring: List is online and will also be emailed to you in June.

Contact: Jeanne Sause (571) 334-9890

youth@straymonds.org

✂ -----(Cut & Return Lower Portion) -----✂

I give permission for my son/daughter _____ to attend the Steubenville Youth Conference with St. Raymond of Peñafort's Youth Apostolate from July 8-10, 2022. I give permission for my child to ride with a compliant adult from St. Raymond's to and from the venue. In the event of injury, I release the adult chaperones, the parish and its staff and volunteers, the diocese of Arlington, the diocesan Bishop and his successors in office from any liability. I also agree to allow any necessary medical treatment of my child in case of injury.

Parent/Guardian Signature

Date

Parent/Guardian Name Printed



Saint Raymond of Peñafort
Youth Apostolate Information Sheet 2021-2022
 (For Participation in Youth Apostolate Mtgs./Events/Trips)
Parent/Guardian Consent Form & Liability Waiver



Participant's Name: _____ Age: _____ T-Shirt Size: _____ Grade: _____
 Birth Date: _____ School: _____ Parish: _____
 Home Phone: _____ Home Address: _____
 Mom's Name: _____ Mom's Cell: _____ Mom's Email: _____
 Dad's Name: _____ Dad's Cell: _____ Dad's Email: _____
 Participant's Cell: _____ Participant's Email: _____

Emergency Contact Information

In the event of an emergency, please contact the following people in the following order:

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

Parental Permission and Liability Release: As parent/legal guardian of the participant named above, I give my permission to participate fully in all events hosted by St. Raymond's Youth Apostolate including all meetings, programs and events that take place on St. Raymond's premises from September 1, 2021 through August 31, 2022. I agree to indemnify and hereby release the Most Reverend Michael F. Burbidge 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 events. I agree to adhere to guidance and direction mandated by the Commonwealth of Virginia and policies adopted by the diocesan parishes regarding the COVID-19 virus and will adhere to all such procedures and guidelines provided by parish leaders during Youth Apostolate events.

Informed Consent to Medical Treatments such procedures and guidelines provided by parish leaders during this event: 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 do hereby assume responsibility for the participant's transportation home and any costs related thereto.

Photo, Press, Audio, and Electronic Media Release: I authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child's photograph, video and/or audio recording along with their name identifying them for educational, news stories, illustration and/or marketing purposes. I understand this authorization is valid in perpetuity beginning September 1, 2021 unless I void it in writing.

Health Information

Please list any medical history and/or mental health conditions which may affect the participant's involvement in any Youth Apostolate event.

Please list any known allergies including any allergies to food or medicine? Indicate special dietary needs as well.

Does child carry epi-pen?

My child has permission to take the following over the counter medications:

- Advil Tylenol Benadryl Sudafed
- Other

Saint Raymond of Peñafort Youth Apostolate Information Sheet (Page 2/2)

Participant's Name:

Please list any prescription or doctor prescribed over the counter medications your child is taking:

Drug Name: Dosage: Per:

Drug Name: Dosage: Per:

Physician & Medical Insurance

Primary Healthcare Provider Phone:

Insurance Company: Policy #:

Car Pool Information

Would it be ok with you if St. Raymond's shares your contact information with other families who have teens participating in Youth Apostolate events who have also given permission to share their contact information, for the purpose of setting up potential car-pools to and/or from St. Raymond's Junior High and/or High School Youth Apostolate events?

Yes, please share my information with other families interested in car pooling to/from St. Raymond's Youth Apostolate events.

No, please do not share my information with anyone.

I understand and hereby agree to the terms and conditions of the participant's involvement in the event described on pages 1 and 2 of this consent form and liability waiver, and I freely execute this Acknowledgement with full knowledge of its content.

Signature of Parent or Legal Guardian (*must be signature, simply typing your name is not valid*)

Date:

ALL INFORMATION IS KEPT CONFIDENTIAL



ST. RAYMOND OF PEÑAFORT 2021-2022 Required Agreement for Youth Ministry Participants

PARTICIPANT NAME(S): _____

Involved in:

Youth Apostolate Altar Server Trail Life AHG CYO Sports Other: _____

PARENT/LEGAL GUARDIAN NAME: _____

Assumption of Risk

The novel coronavirus and its variants that cause COVID-19 have resulted in a worldwide pandemic and are contagious. In order to continue in-person ministry, the parish named above ("Parish") has established essential health and safety measures. The Parish has put in place precautionary measures and standards of behavior to reduce the likelihood of spread of COVID-19 in Youth Ministry activities. These measures and standards may be updated during the ministry year.

Even with the implementation of these health and safety protocols, however, the Parish and the Catholic Diocese of Arlington cannot guarantee that you or your child(ren) will not become infected with COVID-19. Attendance at the Parish and participation in Youth Ministry activities could increase your risk and/or your child(ren)'s risk of contracting COVID-19. Any interaction with others may result in exposure to, and illness from, communicable diseases including COVID-19.

I understand that Youth Ministry activities are not mandatory. By sending my child(ren) for in-person Youth Ministry Activities, I give my informed consent for me or my child(ren) to participate and assume responsibility for the above-noted risks.

I willingly agree that my child(ren) and I will comply with the health and safety protocols established by the Parish, including any future modifications to those protocols, and will take all reasonable and necessary additional precautions to protect against communicable diseases while on Parish premises, not only for our own benefit but for the benefit of others with whom we may come into contact. We agree that if we observe any objects, practices or procedures we believe to be hazardous while on Parish premises, we will remove ourselves from the location of such hazards and bring it to the attention of Parish administration immediately.

Liability Waiver

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and/or I may be exposed to or infected by COVID-19 by participating in in-person Youth Ministry activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at the above-named Parish may result from the actions, omissions, or negligence of myself, my child(ren) or others, including, but not limited to Diocesan or Parish administrators, employees, volunteers, and other program participants and their families.

I further agree on behalf of myself and/or my child(ren) named herein, and our respective heirs, successors, and assigns, fully and forever to release, defend, indemnify, and hold harmless the Catholic Diocese of

Arlington, the School, their clergy, administrators, employees, agents, members and volunteers ("Indemnitees") from any and all claims, damages, demands, and causes of action, present or future, known or unknown, anticipated or unanticipated, in any way related to exposure to COVID-19 while participating in Youth Ministry activities, including but not limited to any claims of negligent exposure. This includes claims that arise from my own and others' acts, actions, activities and/or omissions, excepting only those that arise solely from the gross negligence, recklessness or intentional torts of Indemnitees, and those that are both (a) not asserted by our child or family or any member thereof, and (b) not alleged to arise from our acts or omissions. With respect to claims alleged to arise from our acts or omissions, our agreement to defend, indemnify and hold harmless the Indemnitees shall be effective only in the event that I, my child, or a member of our family is determined to be liable for such acts or omissions under applicable law, or by agreement. I will defend and indemnify Indemnitees with respect to any released claim, including but not limited to damages, costs and attorney's fees.

Responsibility for Health Screening

By execution of this Statement, I affirm that my or my child(ren)'s presence at named Parish on any day constitutes an affirmative representation on my part that I/we have performed all health screening steps required by the Parish for attendance or participation in Youth Ministry activities.

I understand that on any day when my child(ren) does not pass the required health screening (which may include questions relating to other members of the household as well as my child(ren)), I and/or my child(ren) are not permitted to participate in in-person Youth Ministry activities.

Need to Inform and Quarantine

I understand, in the event that I/my child is suspected or confirmed positive with COVID-19 or has come in close contact with a person suspected or confirmed positive with COVID-19, I/my child will need to follow the CDC's guidance for isolation or quarantine as implemented by the Virginia Department of Health and local health departments. Information is available at www.cdc.gov. I agree to inform the Parish administration as soon as possible, but no later than one (1) business day, after learning of my/my child's suspected or confirmed positive case of COVID-19 and/or the need to quarantine due to close contact with a person suspected or confirmed positive for COVID-19. I understand that I/my child may not return to in-person Youth Ministry activities until approved by Parish Administration. Approval will be based on confirmation by the local health department that the CDC's criteria to discontinue home isolation or quarantine has been met.

Authorization and Informed Consent

I hereby authorize the Parish to enforce such other reasonable measures and directives as may be deemed necessary by the Bishop of the Diocese of Arlington, its Office of Youth, Campus, and Young Adult Ministries, or the Parish leadership. I further understand that, in the event that it becomes necessary that events or programs should be canceled or administered via electronic media, I will not be entitled to a refund of any of my fees.

By execution of this Agreement, I understand and agree to the foregoing terms and conditions.

Student Signature (if 18 or older): _____

Parent/Legal Guardian Signature: _____

Date: _____