

# Steubenville High School Youth Conference July 7-9th

**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*



**“Come to me, all you who labor and are burdened, and I will give you rest.” -Matthew 11:28**

## How to Register:

- Send in your payment of \$185 /parishioner; \$300/non-parishioner or [pay online](#).**
  - Cost includes travel, most meals, conference, room & board and a t-shirt!  
\*The *actual* cost of the conference plus travel and t-shirt is \$350/person. We have already completed our fundraisers for this year. If you did not help, please consider helping with future Youth Apostolate fundraisers as these also help to cover the expense of our chaperones and van rentals.
  - 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.
- Get to know others who are going by participating in whatever you can of the following:**
  - Sunday Youth Group (9-12<sup>th</sup> graders registered for Steubenville can participate)
  - Friday Morning 6:30am Mass & Breakfast before school (done by 7:30am)
  - Talitha Koum: High School Girls' Group 5:30-7pm each 1<sup>st</sup> & 3<sup>rd</sup> Monday
  - We will also have a gathering for all attendees once all slots have been filled.

**Questions:** Contact Jeanne [youth@straymonds.org](mailto:youth@straymonds.org) 571-334-9890

**Registration Due March 26<sup>th</sup>**



**St. Raymond's Youth Apostolate  
Steubenville Youth Conference 2023**

**When:**           **July 7-9<sup>th</sup>**

Meet at St. Ray's parish hall at **8:00am SHARP on Friday, July 7<sup>th</sup>**  
Return to St. Raymond's around **8:00pm on Sunday, July 9<sup>th</sup>**

**Where:**           **Franciscan University of Steubenville**

1235 University Blvd.  
Steubenville, OH 43952

**Cost:**           **\$185/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](mailto: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 7-9, 2023. 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

NOTE:

Only fill out the

Youth Apostolate Information Sheet (next page)

if you do not have one on file for 2022-2023

or

if your information on it has changed.



**Saint Raymond of Peñafort**  
**Youth Apostolate Information Sheet 2022-2023**  
 (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, 2022 through August 31, 2023. 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, 2022 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:

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### Physician & Medical Insurance

Primary Healthcare Provider Phone:

Insurance Company: Policy #:

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### 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.

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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