

Steubenville High School Youth Conference

JULY 9-11TH



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

Registration Due November 30 NO exceptions!

1. **Send in your payment of $225 / St. Raymond's Parishioner**

   $340 / Non-Parishioner



   - Cost includes travel, most meals, conference, room & board and a t-shirt!

     *The *actual* cost of the conference plus travel and t-shirt is much more than we charge. Thanks to the supportive generosity of our parishioners as well as our fundraising efforts, we are able to offer this experience at the lower rate.

   - Make checks payable to *St. Raymond's*
   - Or **pay online** https://bit.ly/Steubenville27
   - Financial assistance is available for parishioners. It is our parish policy that no youth ever be turned away for lack of finances. Please contact Jeanne if money is the only thing holding you back.

2. **Complete and turn in this registration packet.**
   - **YA Info Sheet** for 2026-2027 if you have not yet turned one in for this year.
3. **Information about Franciscan LEAD and registration for that will be coming out in January.**



UNSEEN



"Jesus turned and saw them following him and said to them, "What are you looking for?" They said to him.."Rabbi" (which translated means Teacher), "where are you staying?" He said to them, "Come, and you will see." – John 1:38-39

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

St. Raymond's Youth Apostolate
Steubenville Youth Conference 2027

When: July 9-11, 2027

Meet at St. Ray's parish hall by **7:45am SHARP on Friday, July 9th**
Return to St. Raymond's around **8:00pm on Sunday, July 11th**

Where: Franciscan University of Steubenville
1235 University Blvd.
Steubenville, OH 43952

Cost: $225/parishioner; $340/non-parishioner

Checks payable to *"St. Raymond's"* with *"Steubenville"* on the memo line.

Financial assistance is available for parishioners.
It is our parish policy that no youth ever be turned away for lack of finances.
Please contact Jeanne if money is the only thing holding you back.

Contact: Jeanne Sause (571) 334-9890 youth@straymonds.org

Registration Deadline: November 30th (NO EXCEPTIONS)

(CUT & RETURN LOWER PORTION)

St. Raymond's Youth Apostolate Permission Slip
Steubenville July 9-11, 2027

I give permission for my child(ren)_____to attend the Steubenville Youth Conference with St. Raymond of Peñafort's Youth Apostolate from July 9-11, 2027. 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 2026-2027

(For Participation in Youth Apostolate Mtgs./Events/Trips)

Parent/Guardian Consent Form & Liability Waiver

Participant's Name: Age: T-Shirt Size: Grade:

Birth Date: Sex: 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

Please contact the following people **INCLUDING PARENTS** in the following order in the event of an emergency:

1st: Primary/Parent Name: Relationship: Phone:

2nd: Name: Relationship: Phone:

3rd: 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 St. Raymond's Youth Apostolate events including all meetings, programs and events that take place on Saint Raymond's premises from May 1, 2026 through September 1, 2027. 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.

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 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 May 1, 2026 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

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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 Middle School 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.

Cell Phone Policy

Teen use of cell phones is not permitted during youth events per parish and diocesan policy.

An emergency contact number will always be given should a parent need to get ahold of his/her child. If you cannot find it, please call Jeanne at 571-334-9890. Should a child need to get ahold of his/her parent, they can always ask to use the phone of any compliant adult at the event to call.

If a phone is seen, it will be confiscated and it is the child's responsibility to retrieve it at the end of the event.

If there is a medical reason that a child must have access to his/her cell phone, a parent must contact Jeanne Sause, Director of the Youth Apostolate, at 571-334-9890 or youth@straymonds.org to explain the situation and to request special permission to be granted for this.

I understand that teen use of cell phones is NOT permitted during any youth event and promise to adhere to this policy.

Signature of Youth Participant ***(must be signature, simply typing your name is not valid)*** **Date**

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

Revised July 2026