## Steubenville High School Youth Conference July 10-12<sup>th</sup>

<u>Teens currently in 8-12th grade</u> 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:**

- 1. Send in your payment of \$150 /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. 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!
- 2. Complete and turn in a YA Info Sheet (if you have not done so yet this academic year)
- 3. Complete and turn in a **Steubenville Permission Slip**
- 4. 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.
- 5. Get to know others who are going by participating in one and/or both of the following:
  - Sunday night HS Youth Group (9-12<sup>th</sup> graders registered for Steubenville can participate)
  - We will also have a gathering for all attendees once all slots have been filled.

<u>Ouestions</u>: Contact Jeanne <u>youth@straymonds.org</u> 571-334-9890

### St. Raymond's Youth Apostolate Steubenville Youth Conference 2020

When:	July 10-12 <sup>th</sup>		- 1 40th	
	<u>Meet at St. Ray's parish hall at</u> <u>Return to St. Raymond's around</u>			
<u>Where</u> :	Franciscan University Blvd. Steubenville, OH 43952	sity of Steubenv	ille	
<u>Cost</u> :	\$150/parishioner; (Financial assistance is available	•		
What to Brin	g: List is online and wi	ll also be emailed to ye	ou in June.	
<u>Contact</u> :	Jeanne Sause (571) 334-9890 <a href="mailto:straymondyouth@gmail.com">straymondyouth@gmail.com</a>			
×	(Cut & Return Lo	wer Portion)		
the Steubenville from July 10-12 from St. Raymo chaperones, the diocesan Bishop	n for my son/daughtere Youth Conference with St. oth, 2020. I give permission for the venue. It is staff and the venue and his successors in office that the call treatment of my child in call	or my child to ride with In the event of injury, I volunteers, the diocese from any liability. I also	a compliant adult release the adult of Arlington, the	
Parent/Guardia	an Signature	Date		
Parent/Gud	ardian Name Printed			

# Saint Raymond of Peñafort Youth Apostolate Information Sheet (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	ng people in the following	order:				
Name:	Relationship:	Ph	none:			
Name:	Relationship:	Ph	one:			
Name:	Relationship:	Pt	none:			
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 September 1, 2019 unless I void it in writing.						
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						

### 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						
In an attempt to help parents/guardians to make the most of their gas and time, and in order to help teens who otherwise would not have rides to Youth Apostolate events, St. Raymond's has plotted all of its participants on a map.						
Would you be willing to have St. Raymond's share your contact information with other families with 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.						
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		Date:				

ALL INFORMATION IS KEPT CONFIDENTIAL