

Steubenville on the Lake

Catholic Youth Conference



Franciscan University of Steubenville, OH, July 12 - 14, 2019
Open to all 8th- 12th Graders

WANT TO GROW IN YOUR FAITH AND SHARE AN AWESOME WEEKEND WITH 2200 OTHER TEENS?

Steubenville Youth Conference: The Steubenville Conference includes awesome praise and worship music, great speakers, breakout sessions, free time, entertainment by Matt Maher, Eucharistic Adoration, Reconciliation, and Mass. Join us in this opportunity to grow deeper in our faith, strengthening our relationship with God and each other and meeting other young Catholics excited about our faith. Learn more at (<https://steubenvilleconferences.com/events/mc4/>).

Logistics: Transportation to and from the conference will be provided via Chartered Bus. The bus will depart from St. Mary's Parish Activity Center (PAC), Sycamore, IL at 7:00am on Fri, Jul 12, 2019 and will return to St. Mary's PAC, Sycamore, IL at 10:00pm on Sun, Jul 14, 2019. Lodging on Friday and Saturday nights will be in the dorms on the Campus of Franciscan University of Steubenville, OH. Teens will be supervised at all times by their youth ministers and parent chaperones.

Cost: Total per student cost is \$325. A \$75 deposit is due with the application/permission slip and emergency information form attached to this sheet to sign up and reserve your spot. The remaining balance of \$250 is due by Wed, May 1, 2019. Fundraising opportunities are available to offset the cost. Please ask your youth minister for details.

Registration: Return the **application/permission slip and emergency information** form attached to this sheet **with a \$75 Deposit** to your youth minister.

Trip Leaders/Contacts:

Carolyn Schoen <sycamoreyouthministry@gmail.com>, 815-501-5480, St. Mary's, Sycamore
Annalisa McMasters <annaliam@stmarydekab.org>, St. Mary's, Dekalb
Jan Olson <janolson@scbparish.org>, St. Charles Boromeo, Hampshire
Michele Runge <michelerunge@stjbsom.org>, St. John the Baptist, Somonauk

Steubenville on the Lake Catholic Youth Conference

Franciscan University of Steubenville, OH Friday, July 12 - Sunday, July 14, 2019

Application and Permission Slip *TEEN*

INFORMATION

Teen Name:		Date of Birth:	
Teen Cell #:		Year in School:	
Teen Email:		School Name:	
Street Address:		T-Shirt Size:	

PARENT INFORMATION

Mom's Name:		Dad's Name:	
Mom's Cell #:		Dad's Cell #:	
Mom's Email:		Dad's Email:	

- Consent:** I grant my permission for my child _____ to attend and participate in the following activity: **Steubenville Catholic Youth Conference; Franciscan University of Steubenville, OH; Transportation via Chartered Bus to and from Conference; Departure: Fri, Jul 12, 2019 at 7:00am from St. Mary's Parish Activity Center, 322 Waterman St, Sycamore; Return: Sun, Jul 14 at 10:00pm to St. Mary's Parish Activity Center, 322 Waterman St, Sycamore.** This activity is referred to in this Permission Slip as "Activity". Please note that dates may change if adjustments are necessary; notifications of date changes will be emailed, texted, and/or posted.
- Student Cooperation:** My child agrees to abide by all the rules of these Activity and to obey the staff in charge of these activity. The Parish, School, and Diocese will not be liable for my child's failure to cooperate and/or to abide by the rules. Any infraction of the rules may result in the immediate dismissal of my child from the Activity or activity at my expense and without refund to me of the costs paid for the activity.
- First-Aid/Emergency Treatment:** I authorize the School, Parish, and Diocese and its employees and volunteers to administer first-aid to my child if deemed necessary and appropriate to preserve the life, limb or well-being of my child. I authorize the Parish, School, and Diocese to contact and engage medical personnel and arrange for emergency treatment of my child, including transportation for medical, dental, surgical or hospital care or diagnosis, and I consent to that treatment for my child. I agree that I am financially responsible for such medical treatment. I agree to allow the Parish, School, and Diocese and its employees and volunteers to share the following medical information with appropriate medical personnel in the event of an emergency:
Pertinent Medical Info: _____
Administration of Medication Provided by Parent/Guardian of Child: If my child needs to take prescription or non-prescription medication at this activity, I will provide the medication in its original container. I give permission to an adult employee or adult volunteer to administer that medication or assist in the administration of that medication to my child in the dosage prescribed by the prescription or, for non-prescription medication, the dosage recommended on the container by the manufacturer. If there are explicit instructions for this medication, I will provide same in writing in the lines below.
Medication Information: _____
- Release:** I hereby release and discharge The Diocese of Rockford and its Bishop, and the Parish and School, and the officers, directors, employees, and volunteers of same, from all claims for personal injuries or property damage that I or my child may suffer while my child is attending and/or participating in the activity identified above on this Permission Slip, unless the injuries or damage resulted from willful misconduct of the Diocese, the Parish, the School or its employees. If I provide medication for my child to take during this activity, I hereby release and discharge The Diocese of Rockford and its Bishop, and the Parish and School, and the officers, directors, employees, and volunteers of same, from all claims for personal injuries or property damage that I or my child may suffer as a result of the administration of or lack of administration of or assistance in or lack of assistance in the administration of said medication to my child, whether by my child and/or an adult employee and/or an adult volunteer; unless the injuries or damage resulted from willful misconduct of the Diocese, the Parish, the School or its employees.
- In the event I later decide to not allow my child to attend the Activity identified above on this Permission Slip, I understand I am required to notify the parish/school/Diocesan entity in writing to the following email address: youthministry@stmarysycamore.org.

Parent/Guardian's Signature: _____ Date: _____

Diocese of Rockford, IL

Youth Emergency Information Form

CITY: _____ SCHOOL: _____ FAMILY NAME _____

On occasion we have found it difficult to contact parents or guardians in cases of emergency. Will you please help us by completing the information below? **Only ONE EMERGENCY FORM per family unit is necessary.**

Full Name of Child	Grade	Sex	Date of Birth	Special Health Condition (describe), Medication prescribed, Dietary needs, etc.

Home Address: _____ Home Phone: _____

Name of Mother/Guardian: _____

Mother's Place of Employment: _____

Mother's Work Phone #: _____ Mother's Cell #: _____

Mother's Email: _____

Name of Father/Guardian: _____

Father's Place of Employment: _____

Father's Work Phone #: _____ Father's Cell #: _____

Father's Email: _____

Do Mother and Father have Joint Custody? **(Y/N)** _____

If divorced, name of legal custodial parent: _____

If custodial parent cannot be reached, may we contact non-custodial parent? **(Y/N)** _____

RESPONSIBLE ADULT(s) who have agreed to assume responsibility for child, if parent/guardian cannot be reached:

Name	Address	Phone	Relationship to Child

Physician of Choice: _____

Address: _____ Phone: _____

Hospital of Choice: _____ Address: _____

_____ Phone: _____

If you, or responsible adult, and physician of choice, as indicated above, cannot be reached in an emergency and immediate medical and/or hospital attention is indicated I hereby authorize the transporting of my child to a hospital or physician for treatment.

Signature: _____ Date: _____ Print name: _____