



## Steubenville 2019

### IMPORTANT DATES:

Sunday, February 3	<p>Pre-Registration Form(s) &amp; \$150 non-refundable deposit due (make checks payable to: Our Lady of the Presentation) **You can drop the check at the parish office, bring it to youth group, slide it under my office door, etc**</p> <p><b>I must have your deposit to confirm your registration!</b></p>
Wednesday, May 1	<p>This is the last day to drop without being responsible for the remaining balance (\$150) due.</p>
<b>July 12-14</b>	<p>Steubenville Conference in Springfield, MO          †Departure: Friday morning †Return: Sunday evening</p>

### COST:

The total cost of the conference is **\$300** per participant. The cost includes 5 meals starting Friday night dinner through Sunday breakfast, housing (dorm), group t-shirts, all conference fees and transportation. If we are able to stay on campus, the garage sale proceeds will cover the remaining balance (after deposit) for all participants. If we are not able to room on campus and have to stay in hotel rooms, the cost may increase. Participants are encouraged to bring their own money for souvenirs and additional meals for when in transit and for snacking.

### REGISTRATION:

OLP will secure spots online; the conference sells out quickly.

If you are interested, you must complete and turn in the following:

1. the *OLP Registration Form for Steubenville 2019 (attached)*,
2. a \$150 deposit

All completed forms and deposit must be turned into Christy Gruenbaum by Sunday, Feb.3<sup>rd</sup>. Please make checks payable to: **Our Lady of the Presentation**. A deposit is required to reserve your spot for the conference!

Questions? Call Christy Gruenbaum 816-251-1107



**Our Lady of the Presentation  
Registration Form Steubenville 2018  
Springfield, MO  
July 12-14, 2019**

**PARTICIPANT INFORMATION:**

<b>First Name:</b>		<b>Last Name:</b>	
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Gender:</b>		<b>Participant Cell Phone:</b>	
<b>Date of Birth:</b>		<b>Email:</b>	
<b>High School Attending:</b>		<b>Current Grade Level:</b>	
<b>T-shirt Size:</b> (Adult Unisex Sizes)	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large		
<b>Requested Roommates:</b> (Room assignments are in groups of 3; so there are no guarantees on roommates)			

**PARENT INFORMATION:**

<b>Mother's Name:</b>	
<b>Cell Phone:</b>	
<b>Email:</b>	

<b>Father's Name:</b>	
<b>Cell Phone:</b>	
<b>Email:</b>	

**Diocese of Kansas City – St. Joseph**  
**PARTICIPATION FORM FOR YOUTH MINISTRY EVENTS**

**I. Event Information**

<b>Parish/School/Organization Name:</b>	Our Lady of the Presentation
<b>Event:</b>	Steubenville STL Mid-America Conference 2019
<b>Destination:</b>	Missouri State University, Springfield, MO
<b>Date of Departure:</b>	Friday, July 12, 2019
<b>Date of Return:</b>	Sunday, July 14, 2019
<b>Method of Transportation:</b>	Rented 12 passenger van or personal vehicles

**II. Participant Information**

Name of Participant: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Grade \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Other Contacts in case of illness or injury:

Name/Phone: \_\_\_\_\_

Name/Phone: \_\_\_\_\_

**III. Participant Information (Health)**

Are you in general good health and able to participate in normal activities? \_\_\_\_\_ Yes \_\_\_\_\_ NO  
If NO, please describe your limitations. Use a separate sheet if necessary.

Medications: List any prescription medications you are taking, and frequency of dosage. Also, please list any over-the-counter medications you will be bringing to the event.

Prescriptions/Dosage: \_\_\_\_\_

Over-the-Counter: \_\_\_\_\_

Diet: Identify any special dietary needs: \_\_\_\_\_

Allergies, diseases, disorders, disabilities, surgeries or serious injuries: \_\_\_\_\_

All immunizations up to date? \_\_\_\_\_ YES \_\_\_\_\_ NO Date of Last Tetanus Booster: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Address \_\_\_\_\_

Participant's Health Insurance Provider: \_\_\_\_\_

Policy or Group# \_\_\_\_\_ Primary Policy Holder's Name \_\_\_\_\_

**Please complete side 2 and return with \$150 non-refundable DEPOSIT by FEBRUARY 3, 2019**

**IV. Permission of Parent/Guardian**

I/We, the parent(s)/guardian(s) of \_\_\_\_\_, request that he/she be allowed to participate in the Event described above, and hereby give my/our permission for such participation.

I/We give my/our permission to the sponsoring Diocese/Parish/School/Organization to take photographs, video or digital images of Participant during the Event for future promotional purposes. **Initials** \_\_\_\_\_

I/We give my/our permission to Youth Ministries to contact me with pertinent information regarding upcoming Events at the email address indicated. **Initials** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**V. Consent for Disclosure to Individual Involved in the Care and Treatment of Participant**

For the duration of the Event, I/We grant to the Diocese/Parish/School/Organization and its agents the following powers, to be used for the benefit of and on behalf of Participant (check all that apply):

\_\_\_\_\_ to receive any and all individually identifiable health information about the past, present and future medical condition of Participant, including, but not limited to, information necessary to the care and treatment of Participant and any illness or injury Participant may have sustained;

\_\_\_\_\_ to authorize medical care for Participant, including, but not limited to, any and all treatment, examination, diagnosis or outpatient medical care rendered under the general or special supervision of and on the advice of any physician or surgeon licensed to practice medicine by the applicable licensing body in the state in which physician or surgeon practices.

I/We understand that the Diocese/Parish/School/Organization will not be liable to me/us or any or my/our successors in interest for any action taken or not taken in good faith. I/We consent to the logistics and conditions described above, including the method of transportation.

I/We understand that as parent(s) or legal guardian(s) I/we may be responsible for any liability which may result from the conduct of Participant at or during the Event.

I/We understand that there is a risk of injury involved in any Youth Ministry activity. I/We hereby release the Diocese of Kansas City-St. Joseph, and its officers, agents, employees and volunteers, from any liability arising from claims of any kind or nature whatsoever in connection with Participant's participation in the Event.

\_\_\_\_\_  
**Signature of Parent/Guardian** **Date**

**Participants are NOT allowed to leave an event early without written or verbal permission from a parent or guardian to a designated adult chaperone.**

**YOUTH CONTRACT:**

I, \_\_\_\_\_, agree to abide by the following:

- I will stay within the boundaries set forth by the adult chaperones. I will not leave the designated area without permission.
- I will respect the chaperones, individuals and property where the event will take place.
- I will report to chaperones at designated times to ensure my personal safety.
- I agree not to bring or use drugs, cigarettes, or alcohol while on church property, to and from the event, and while at the event destination.
- I will be ready to depart and return from the event at the designated times.

**Youth Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_