

**YOU are**



**STEUBENVILLE YOUTH CONFERENCE**

**JULY 12TH-14TH!**

DEPARTING 7AM JULY 12 AND RETURNING 10PM JULY 14!

**20 Spots available—register early!!**

**COST: \$250 PER PERSON**

**INCLUDES CONFERENCE FEE (FOOD, LODGING,  
SPEAKERS), TRANSPORTATION, & T-SHIRT.**

**~MORE THAN 2,000 CATHOLIC YOUTH GATHER FOR POWERFUL TALKS,  
EMPOWERMENT, EUCHARISTIC ADORATION AND RECONCILIATION**

**~EVENT OPEN TO ALL THOSE ENTERING HIGH SCHOOL IN 2013  
THROUGH THOSE GRADUATING IN 2013.**

**~PLEASE COMPLETE REGISTRATION AND ALL FORMS BY APRIL 20TH.**

**FURTHER COMMUNICATION TO COME ONCE YOU'VE REGISTERED.**

**QUESTIONS?? ASK KAREN**

**KARENTHAYER@STTHOMASGR.ORG OR 459-4662 EXT. 1210**



Established in 1882

# Roman Catholic Diocese of Grand Rapids

## MEDICAL TREATMENT RELEASE FORM FOR FIELD TRIP PARTICIPATION

*This form will be kept on file from September 1, 2012 thru September 1, 2013*

Return form to:

St Thomas the Apostle-ROC Youth Ministry  
1449 Wilcox Park Dr. S.E.  
Grand Rapids, MI 49506

Note: This form must be signed by a Notary (for travel out of state) and submitted for each student attending who is still under parent's medical insurance. This will be kept on file at the Youth Ministry Office.

To Whom It May Concern:

As a parent/guardian, I do hereby authorize first aid/medical treatment of my child in the event of an emergency, which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to reach me as soon as reasonably possible.

Name of Child: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Child's Social Security Number: \_\_\_\_\_ (needed for registration-Emergency Room)

Reason for which release is intended: Emergency medical treatment during Youth Ministry events.

Address of Minor: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

List allergies, medications, contacts, or other pertinent comments: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Policy \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

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

Date of Birth of Policy Holder: \_\_\_\_\_ (needed for registration-Emergency Room)

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

I certify that I am the (check one) \_\_\_\_\_ custodial parent \_\_\_\_\_ legal guardian of the minor child named above, and I agree to the above terms for myself and for my minor child.

Signature: *(must be signed in front of a Notary Public for out-of-state travel only)*

\_\_\_\_\_  
(Parent or Guardian)

Signature Notary Public: \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

My Commission expires: \_\_\_\_\_



# Youth Registration and Liability Release Form

## Steubenville Main Campus 2013 Youth Conferences



This entire page must be completed and legible for each youth to attend the conference. Please make sure a parent or legal guardian has signed this form on the designated signature line.

### REGISTRATION FORM – YOUTH PARTICIPANT

**Registration Information:**

Participant's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Parent(s)/Legal Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ Year of Graduation \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Gender: (circle one) F M Group Leader's Name \_\_\_\_\_

### LIABILITY RELEASE FORM – YOUTH PARTICIPANT Parent/Guardian Release

I, \_\_\_\_\_ (print name), give permission to my above named son/daughter to attend Franciscan University of Steubenville's Main Campus Youth Conference to be held on \_\_\_\_\_ (dates). If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by appropriate health care personnel. I give my permission to Franciscan University of Steubenville and its agents to share and disclose health and medical information for the treatment and care of my child and to disclose this information to Chaperones who are responsible for my child. I release Franciscan University of Steubenville and its agents of all responsibility and consequences that may arise as a result of any injury suffered and resulting treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

By signing this form, I acknowledge that my child's Group Leader has informed me of the possible sleeping arrangements and conditions, and also of the list of recommended things my child should bring along to make their stay more comfortable. I understand these things are contained in the document 'Main Campus Terms and Conditions', and that this document can be made available to me by my child's Group Leader who, I understand, has read this document in its entirety as a required condition of being a Group Leader at Steubenville Main Campus.

My child agrees to abide by all the rules and regulations stated by Franciscan University of Steubenville and the conference staff. I understand that Franciscan University of Steubenville will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the conference at my expense.

X \_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN DATE

**Medical Information**

Family Physician \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical History: \_\_\_\_\_

**Emergency Contact**

In the case of an emergency, please contact:

Name \_\_\_\_\_ Home ( ) \_\_\_\_\_

Address \_\_\_\_\_ Work ( ) \_\_\_\_\_

This form is to be filled out by each Youth and parent/guardian. Due Date: Due at check-in on the opening day.