



Steubenville Youth Conference

Friday, June 26- Sunday, June 28, 2020

One Awesome Faith-Packed Weekend

30 Spots Available

Open to current 8th – 12th grade students

Trip Cost: \$275*

Includes: Conference Fee (Food, housing, and speakers),
Transportation, and two T-Shirts. (*Actually cost \$350)

\$50 non-refundable deposit and registration form
(found at stthomasgr.org) due by *Wednesday, March 25.*



Steubenville Youth Conference 2020

June 26-28

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YOUTH NAME (FIRST, LAST)

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CURRENT GRADE

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STUDENT'S EMAIL(non-school)

--

PARENTS' EMAIL(S)

--

PARENT'S PHONE (PREFERRED NUMBER)

--

PARENTS' NAMES

ADULT T-SHIRT SIZE

SMALL

MEDIUM

LARGE

X-LARGE

TOTAL DUE IS \$275

\$50 NON-REFUNDABLE DEPOSIT DUE WITH FORMS BY March 25, 2020

FULL PAYMENT BY MAY 1, 2020



Staubenville Permission Form Saint Thomas the Apostle Parish Youth Ministry

Participant Name _____ Birth Date _____

Address _____ Year of Graduation _____

City _____ State _____ Zip _____ Phone (____) _____

Parent/Guardian

I, _____ (name) give permission to my above-named son/daughter/ward to travel to Franciscan University of Staubenville, Ohio, High School age conference with members of Saint Thomas the Apostle Parish (STA), Grand Rapids, Michigan, on **June 26-28, 2020**. In consideration of my child being allowed to participate in this event, I agree to waive and release, and indemnify and hold harmless Saint Thomas the Apostle Parish, any and all affiliated organizations, it's/their employees, agents, representatives, volunteers and drivers, from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my child's participation in this event.

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 licensed medical personnel. I release and hold harmless STA of all liability, responsibility and consequences that may arise as a result of or in connection with this treatment. I will not hold STA responsible or liable in the event of any injury. Further, I agree to accept any and all financial responsibility and liability in connection with or resulting from any such medical evaluation, diagnosis, treatment, medication or other care.

I have received a copy of the rules and regulations of STA, which are applicable to and in effect for the trip. I understand and agree that any violation of the rules and regulations by my child/ward may result in his immediate dismissal from the trip, at my expense. I understand and agree that neither STA shall have any liability for any violations of the rules and regulations by my child/ward.

Guardian/Parent signature _____ Date _____

In case of emergency (if I cannot be reached at the above number), please contact:

Name _____

Name _____

Address _____

Address _____

Phone Home (____) _____

Phone Home (____) _____

Work # (____) _____

Work # (____) _____