



# Steubenville Youth Conference Trip-July 7-9th Franciscan University- Ohio

Join over two thousand teens from around the country for a weekend that you'll never forget. Open to students entering 9-12<sup>th</sup> grade in the fall of 2017 and class of 2017 seniors. COST: \$285 (financial aid is available) A \$40 deposit and application will secure your spot! Questions? Please contact Theresa Simeo at [tsimeo@stmichaelcommunity.org](mailto:tsimeo@stmichaelcommunity.org)



# Steubenville Conference July 7-9<sup>th</sup> 2017

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Through the power of the Sacraments, inspiring talks, dynamic music, and expressive praise, teens are given an awesome weekend that can literally change the course of their lives. Unite with teens, youth ministers from across the country to experience a life-changing encounter with Jesus Christ.

Grow in your faith and relationship as you live a life centered on Him.

**Participants must be entering grades 9 – 12 in the Fall of 2017 or be a 2017 high school graduate.**

## YOUTH REGISTRATION

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

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

Parent Phone: \_\_\_\_\_ Youth Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

School Attending in **2017-18**: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:    Male    Female                      Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Dietary Needs \_\_\_\_\_

Conference t-shirt size:    S    M    L    XL    2XL    3XL

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## COST

Registration for the conference is \$195, which includes programming, dormitory housing and six meals. Special dietary needs should be addressed before we leave. An additional fee for charter bus transportation and group t-shirts will also be charged. **TOTAL COST: \$285.** Make checks payable to "St Michael Parish". A \$40 deposit reserves your spot (This trip will fill up!). The remaining balance will be due May 1st. Refunds cannot be given unless the spot is filled by another participant.

## PACKING LIST

- Bedding: sleeping bag, pillow. Pending dorm assignments, possibly an air mattress.
- Toiletries, towel, wash cloth, etc. Sunscreen.
- Appropriate, modest clothing.
- Umbrella or jacket, in case of rain; sweatshirt as some buildings are cold
- Backpack or string bag for daily belongings (dorms are locked through the day)
- Bible, journal, pens. Cell phones allowed!
- Spending money for meals on the road, gift store or snacks.
- Snacks to share.

## DETAILS

We will leave the Faith Center around 6:00am on July 7th and should arrive at Franciscan University around 3:00pm. This should give us time to check in and get situated before the conference begins. We will leave around 1:00pm on Sunday, July 9th and arrive back at St Michael about 9:30pm. **Emergency Phone: Theresa Simeo at 630-745-0096.**

# St Michael Parish

Youth United  
317 W Willow Avenue  
Wheaton, IL 60187

Phone 630-462-5047  
Fax 630-690-3324

## PERMISSION FORM FOR THE STEUBENVILLE CONFERENCE: JULY 7-9th, 2017

### GENERAL PERMISSION FORM

I request that my child, \_\_\_\_\_, be allowed to participate in the **STEUBENVILLE CONFERENCE** event, located at **FRANCISCAN UNIVERSITY, STEUBENVILLE, OH** on the following day(s): **FRIDAY, JULY 7 – SUNDAY, JULY 9, 2017**. I hereby release and indemnify my parish, St Michael, Wheaton IL, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

### Videotaping and Still Photographs

Video and still photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Diocese of Joliet website.

### Code of Behavior

You are representing Youth Ministry in our diocese during this event and we expect you will represent us well. We expect that you will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our diocese.

Some Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

*I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.*

*If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.*

Teen Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

### MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child, \_\_\_\_\_, by the people in charge of the **STEUBENVILLE CONFERENCE** event, and those transporting my child to and from the event as their judgement deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalise, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

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

Birth Date: \_\_\_\_\_

Parent's Home Phone: \_\_\_\_\_

Parent's Cell Phone: \_\_\_\_\_

Allergic to medication/other? NO YES (circle one)  
If YES, please describe:

Medication(s) presently taking: \_\_\_\_\_

### Insurance Information

Policy in the name of: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Authorized Physician: \_\_\_\_\_

Phone #: \_\_\_\_\_

### **If parent(s) can't be reached**

In case of Emergency, contact: \_\_\_\_\_

Phone #'s: \_\_\_\_\_