

REVEALED

✠
1 John 4:9

*Steubenville Rochester
July 13-15, 2018*

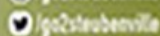
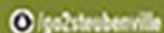
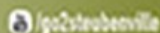
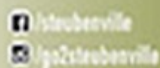
*Mayo Clinic Civic Center
Rochester, MN*

SUMMER
2018



STEUBENVILLE
CONFERENCES

An outreach of Franciscan University of Steubenville



FRANCISCAN
UNIVERSITY
OF STEUBENVILLE



Steubenville North Youth Conference

What: Weekend long Catholic youth conference. Music, speakers, entertainment, small groups, Eucharistic Adoration, and more.

Where: The conference is held in Rochester, MN at the Mayo Civic Center. We will be staying at a local hotel in Rochester, which is within walking distance of the Mayo Civic Center.

Who: All current 9-12th grade students can attend. The weekend is chaperoned by staff and youth ministry volunteers from Saint Ambrose of Woodbury. All have been background checked and have received VIRTUS training.

When: July 13-15, 2018. We leave in the afternoon on the 13th and return in the afternoon on the 15th. Transportation from St. Ambrose will be provided.

Cost: A non-refundable \$100.00 deposit secures your spot. The total cost of the trip is \$300.00 (if paid on or before June 30th), or \$325.00 after June 30th. Payment is due by May 15th. This covers the cost of the weekend, t-shirt, hotel, transportation and meals.

Due: Forms are due by April, 15, 2018. All forms received after April 15th will be on a wait list as spots open. There are two (2) forms needed for this conference. (1) The permission/liability release form for St. Ambrose. (2) The formal permission slip from Partnership for Youth which you will receive from us once your son/daughter is registered.

How to Register:

1. Complete and sign the attached form. Return this form to the parish office with your \$100.00 deposit fee made payable to St. Ambrose.

Steubenville 2018 Permission Slip

**Saint Ambrose of Woodbury
4125 Woodbury Drive
Woodbury, MN 55129**

PARENTAL/GURDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Participant's Name: _____

Birth Date: _____ Male _____ Female _____ Grade in School: _____

Parent/Guardian's Name: _____

Home Address: _____ City: _____ Zip: _____

Telephone: (H) _____ Business phone and/or Cell: _____

Teen Email: _____ Parent Email: _____

Type/Date of event: Steubenville North 2018 Rochester – July 13-15, 2018

Individual(s) in charge: Hector Bautista (702-205-2105) Patti Watkins (651-768-3011)

Transportation: School Bus/Professional Drivers

Drop Off: 1:30 PM at SAW – July 13, 2018 **Pick Up:** Approx. 3:30 PM at SAW – July 15, 2018

I, _____ grant permission for _____
Parent or Guardian's Name Participant's Name

To participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participations, I agree to indemnify the parish-school and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/law suit.

I also hereby waive and release the named church and the Archdiocese of St. Paul/Minneapolis from all claims and liability arising from any acts or omissions by the church, Archdiocese or their agents with regard to any injuries or damages incurred by my child during the ordinary course of the event/activity. This release and waiver shall not apply to claims that may arise from intentional acts. Should photos or video be taken, I give my permission for the use of the image and/or likeness of my child in any promotional or other marketing activities relating to the event/activity or our parish Youth Ministry without compensation to me or my child.

*If you do not want your child's image and/or likeness to be used to promote parish youth ministry events, contact the above stated individual in charge to receive a version of this form that does not include the previous clause; however, some events/activities may require this clause.

EMERGENCY MEDICAL TREATMENT: In the event of any emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. **In the event of an emergency, if you are unable to reach me at the above numbers, contact:**

(Name) (Phone #)

MEDICAL INFORMATION:

Medication my child is taking at present: _____

Allergies: _____

Family Health Plan carrier number: _____

Family Doctor: _____ Phone #: _____

As a parent or guardian, I agree to all of the above stated considerations and conditions.

Signature: _____ Date: _____

T-shirt size _____ Teen's Cell #: _____ May we text your teen? Y N