



REGISTRATION FORM for Steubenville Youth Conference

Steubenville Registration

Participant Full Name: _____ Grade Fall 2019 _____

Street Address: _____ City: _____ Zip: _____

Participant Cell: _____ T-shirt (adult) Size: _____ Birth date: _____

Parent(s) Names: _____

Parents cell number(s): _____

Parents e-mail address: _____

I am registering my son/daughter to attend the Franciscan University of Steubenville High School Youth Conference with St. Christopher Parish on June 21-23 2019

The cost for each participant from St. Christopher Parish is \$210 with parish subsidizing remaining cost. This includes transportation, t-shirt, lodging, meals on campus and the conference. This amount can be paid in full or in three payments as follows. A deposit of \$70 is due with this registration by **January 27, 2019**. This \$70 deposit is sent to Steubenville at the time of registration to reserve your spot, and is non-refundable. The second \$70 payment is due by **February 24th** and the third \$70 payment is due **March 24th**. St. Christopher will make the final payment of \$75. If you decide to withdraw from this conference before January 21, 2019, your deposit will be refunded. Cancellations are not allowed after January 21st and, therefore would be non-refundable. Any participant choosing to withdraw from the conference after this date agrees to pay the full amount of \$285 thereby reimbursing the parish subsidy.

There will be a meeting closer to the conference date where you will receive the Franciscan University of Steubenville paperwork to be filled out, as well as the packing list and transportation plans.

By signing below, I acknowledge and agree to the payment options outlined above and deadlines for the Steubenville Conference.

Parent Print : _____

Parent Signature: _____ Date _____

PLEASE FILL OUT BOTH SIDES

**ST. CHRISTOPHER CATHOLIC CHURCH
YOUTH MINISTRY**

PARENTAL CONSENT FORM

Name of Event: Steubenville Youth Conference

Destination: Franciscan University at Steubenville OH

Date & Time of

Departure: Fri. June 21, 2018 6:00am **Cost:** \$210.00

Participant Name: _____ **Age:** _____

As parent/guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named participant(s). As well, your son/daughter is expected to abide by the dress code and behavior expectations as laid down by the administrators of the Youth Group. In the event that is not done a parent will be called to pick up their son/daughter at the activity site. Retreats/Conferences payments are non-refundable.

I give my son/daughter (named above) permission to ride to and from the above event with St. Christopher's Church drivers on for the specified event on the date(s) given. I understand that he/she will be traveling by automobile/bus. In consideration of my teen being allowed to participate in this trip, I hereby agree on behalf of myself and my teen, to release St. Christopher, the Archdiocese of Detroit, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my teen, or on behalf of my teen, arising from or relating to my teen's participation in the field trip. In the event this release on behalf of myself and/or my teen is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my teen, or on behalf of my teen, arising from or relating to my teen's participation in this field trip. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

Print Parent/Legal Guardian: _____

Signature Parent/Legal Guardian: _____

Date: _____

PLEASE FILL OUT BOTH SIDES