



DUE TO SUZY BY APRIL 11

REGISTRATION FORM for Steubenville Youth Conference

Participant Name: _____ Grade Fall 2021 _____

Address: _____ City: _____ Zip: _____

Participant Cell: _____ Participant Email: _____

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

Food allergies/preferences (nuts, vegan, etc): _____

Medical condition (asthma, allergies, etc) _____

Parent Name: _____

Parent Cell: _____ Parent e-mail _____

CONFERENCE & DATE: I am registering my son/daughter to attend the Franciscan University of Steubenville High School Youth Conference with St. Christopher Parish on **June 25-27, 2021**

COST: The cost for each participant from St. Christopher Parish is \$210 with parish subsidizing the 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:

By **April 11** - \$70 Deposit (non-refundable)

By **May 9** - \$70 (2nd payment)

By **April 13** - \$70 (FINAL payment)

ONLINE FORM: An email will be sent to you in May to complete & submit online.

DETAILS MEETING: A final meeting will take place closer to the conference date to receive packing list and transportation plans.

By signing below, I acknowledge and agree to the payment options outlined above and deadlines for the Steubenville Conference. Please **CHECK** your preferred option:

- OPTION 1 – PAY IN FULL \$210 ONE-TIME PAYMENT**
- OPTION 2 – FOLLOW PAYMENT SCHEDULE (ABOVE)**

Parent Print : _____

Parent Signature: _____ Date _____

PLEASE FILL OUT BOTH SIDES



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**ST. CHRISTOPHER CATHOLIC CHURCH
YOUTH MINISTRY**

PARENTAL CONSENT FORM

Name of Event: Steubenville Youth Conference

Destination: Franciscan University at Steubenville OH

Departure Date & Time: Fri. June 25, 2021 6:30am **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