



DUE TO SUZY BY JAN 25

REGISTRATION FORM for Steubenville Youth Conference

Participant Name: _____ Grade Spring 2026 _____

Address: _____ City: _____ Zip: _____

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

Parent(s) Name(s): _____

Parent(s) cell number(s): _____

Parent 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 26-28, 2026.

The cost for each participant from St. Christopher Parish is \$270 with our parish subsidizing the remaining cost. Your total includes in transportation, conference, lodging, t-shirt, and meals on campus. This amount can be paid in full up front or in three payments as follows:

- \$90 deposit due with this registration by **January 25, 2026**
- \$90 payment is due **February 22, 2026**
- \$90 final payment is due **March 22, 2026**

If you decide to withdraw from this conference before January 25, 2026, your deposit will be refunded. Cancellations are not allowed on or after January 25 and, therefore, are non-refundable/must be paid in full.

A liability form link from Steubenville will be emailed to you in a few months for you to complete & submit online.

A final details meeting will take place Sunday, June 14 @ 10:00am in the Social Hall. Please mark your calendar and plan to attend with your child.

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



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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

Date & Time of Departure: Fri. June 26, 2026 7:00am **Cost:** \$270.00

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 chaperones 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