

Steubenville Mid-America Conference

Student Participant

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Grade (just completed): _____ T-Shirt Size: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Student Phone Number: _____ Do you accept text messages? Y N

Parent/Guardian Phone Number: _____ Do you accept text messages? Y N

Special Conditions, Dietary Needs or Allergies? Please list or describe.

Does your student require: (A) **Epi Pen**: Y N (B) **Inhaler**: Y N (C) **Any medication currently taking** (please list name, amount and time taken) _____

How many Steubenville Conferences have you previously attended? _____

Future information for the conference will be sent out via email, text messages, or Remind. Please be sure to list an email address that you have access to. The remind code for our Steubenville group is @stuby19 or you can text @stuby19 to 81010.

I want to participate in fundraising for this trip: Y N

We (student/parent) want to be the organizer of a fundraiser to be put on prior to the trip: Y N

Non-refundable deposit of \$100 is required at the time of registration.

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Deposit amount: _____ Cash/Check # _____ Date Received: _____

Parent/Guardian

Name

First _____ Last _____

Address

Street

_____ City

_____ State _____ Zip _____

Parent/Guardian Home/Main Phone _____ Cell _____

Parent/Guardian Work Phone _____

Parent/Guardian Email _____

Emergency Contact

Name

First _____ Last _____

Emergency Contact Relationship _____

Emergency Contact Home/Main Phone _____ Cell _____

1. In signing this form, I hereby state that the information included in this form is correct and give permission for my child to participate in the activity described on this form.
2. I understand that my child will be under the supervision of the Archdiocese of St. Louis staff and volunteers.
3. I recognize that there are risks inherent in participation in any activity and agree to hold the Archdiocese of St. Louis, its affiliates and its employees, volunteers and agents, harmless from any injury to my child or damage to or loss of personal property of my child not caused by the negligence or misconduct of the Archdiocese of St. Louis, its affiliates and its employees, volunteers and agents.
4. In the case of a medical emergency, I understand that every effort will be made to contact me, but in the event that I cannot be reached, I hereby give permission for my child to be evaluated, diagnosed and treated in accordance with standard medical practice by licensed medical personnel.

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5. I hereby give permission to the Archdiocese of St. Louis to use any photographs or video footage taken of my child in print and on their website for promotional purposes.

6. I understand that for all Youth Ministry activities there is a zero tolerance policy for the use of any mood altering chemicals (including alcohol and illegal drugs), foul language, threats or any type of abuse and inappropriate physical contact. I agree to follow this policy.

- Parental Agreement

The following conditions must be met in order to continue with the registration process:

- I am the parent or legal guardian of this child, and I agree to the terms and conditions listed above.

- Name of Parent or Guardian Giving Permission
-

Student Signature: _____

Parent Signature: _____

Date: _____

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PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

MISSION/FIELD TRIP

Participant's name: _____

Birth date: _____

Parent/Guardian's name: _____

Home Address: _____

Home Phone: _____ Business Phone: _____

I, _____ grant permission for my child,
_____ (child's name) to participate in this
parish/school sponsored event that requires transportation to a location away from the parish site.
This activity will take place under the guidance and direction of parish/school employees and/or
volunteers from Five Saints Catholic Community (name of parish/school)

A brief description of the activity follows:

Date of event: July 17 - 21, 2020

Type of event: Steubenville Conference

Destination of event: Springfield, MO

Individual in charge: Deacon David Penton

Estimated time of departure and return: 7/17 5AM, 7/21 5pm

Mode of transportation to and from event: Charter Bus

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by
the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold
harmless and defend (name of parish/school) Five Saints Catholic Community,
its officers, directors, employees and agents, and **The Diocese of Sioux City**, its employees, and
agents and chaperones, or representative associated with the event for reasonable attorney's
fees and expenses which may incur in any action brought against them as a result of such injury
or damage, unless such claim arises from negligence of the parish/school/diocese.

Student Signature: _____

Date: _____

Guardian Signature: _____

Date: _____

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PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER MEDICAL MATTERS

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MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Name of Child/Student: _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me, contact:

Name & relationship: _____

Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other medical Treatment: In the event it comes to the attention of the parish/school, its officers, directors and agents, and The Diocese of Sioux City, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

No medication of any type whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____