

## Steubenville Youth Conference Registration Form July 20-22, 2018

Name of Participant: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ T Shirt Size \_\_\_\_\_

Parish \_\_\_\_\_ School \_\_\_\_\_

Phone Number during the Event: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Email: \_\_\_\_\_

Below please list any allergies or issues that may affect your child during this activity:

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**ACTIVITY:** Steubenville Youth Conference  
**WHEN:** Friday, July 20 – Sunday, July 22, 2018  
**WHERE:** Franciscan University of Steubenville (1235 University Blvd. Steubenville, OH 49352)  
**TRANSPORTATION:** Charter Bus or Vans  
**COST:** \$215 per person w/\$50 non-refundable deposit (Register by Sunday, Nov. 5 and get \$50 off your trip)  
**DESIGNATED SUPERVISOR:** Liz Markovicz, Area Youth Ministers & Designated Chaperones

As legal guardian, I give permission for my child(ren) to participate in the Faith Formation Program, including service trips and other activities sponsored by the Faith Formation & Youth Ministry Program of Our Lady of the Lake Catholic Church.

I understand that photos and video taken may be used for classroom use, publicity and promotion of programs. I understand that there will be no remuneration for such use. If I do not wish for my child's photo to be used, I will submit my request in writing to the Faith Formation Office.

I hereby authorize first aid/medical treatment for my child/children, listed above, in the event of an emergency, which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to contact the parents/legal guardians listed on this form, as soon as reasonably possible. In the event that the aforementioned requires my authorization for treatment and I cannot be reached in an emergency, I hereby give my permission to the physician selected by the activity leader to hospitalize, secure medical treatment, and/or order an injection, anesthesia or surgery for the aforementioned as deemed necessary. I understand all reasonable safety precautions will be taken at all times by the parish and its agents during Our Lady of the Lake Programs. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Our Lady of the Lake Parish, its leaders, employees, drivers, volunteers, or the Roman Catholic Diocese of Grand Rapids liable for damages, losses, diseases, or injuries incurred by the aforementioned.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

**Bring or Send Permission Slip & \$50.00 Deposit (Make Checks Payable to OLL), by Sunday, November 5, 2017 (If you want the pre-registration rate)**

**To Our Lady of the Lake, 480 152<sup>nd</sup> St Holland, MI 49424**

Office Use Only				
Date	Ck#/Cash	Amount	Program #	Init
			E02-38-524-02	