



**STEUBENVILLE**  
CONFERENCES

# 2019 Youth Conference

## June 14-16

Franciscan University of Steubenville  
1235 University Blvd.  
Steubenville, OH 49352

The cost of the conference is \$275 per youth. A \$75 deposit can be paid separately first. It is due by January 27. The remainder of the payment is due by March 17.

The official drop-off and pick-up times will be emailed directly to parents closer to the conference. Both will be at Our Lady of the Lake Parish. If you have any questions, contact Adam McNutt, High School Ministry Coordinator, at amcnutt@oll.org or 616-399-1062 ext. 123.



## 2019 Steubenville Youth Conference Registration Form

Youth Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Phone Number of Emergency Contact: \_\_\_\_\_

As legal guardian, I give permission for my child(ren) to participate in the Discipleship Program, including service trips and other activities sponsored by the Discipleship Program of Our Lady of the Lake Catholic Parish. 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 Discipleship 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 Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Office Use Only:*

Date	Ck#/Cash	Amount	Program #	Init
			E-02-40-550-80	