

2025 Steubenville Youth Conference



Event Dates: July 11–13, 2025

Location: Franciscan University of Steubenville, 1235 University Blvd., Steubenville, OH 43952

Cost Per Student: \$200

Name of Supervisor/Contact: Rachael Fornarotto (616-399-1062 ext. 123 or rfornarotto@oll.org)

We could not be more excited to once again offer the chance for our OLL high school youth to attend a Steubenville Youth Conference July 11–13, 2025! This event is a weekend full of live worship, games, nationally acclaimed Catholic speakers, and more! Transportation will be provided with the Diocese of Grand Rapids. More information on the travel itinerary and schedules will be sent as the event gets closer. A \$50 non-refundable deposit is due by November 15, 2024. The remaining balance of \$150 is due by March 14, 2025. Your teen does not want to miss out on the event of the summer and what God has in store for them! Register using this form or online at oll.org/discipleship/high-school. Questions can be passed to our Youth Ministry Coordinator, Rachael Fornarotto, using the contact information above.

“For the LORD your God is a consuming fire...”

2025 Steubenville Youth Conference Registration Form

Youth Name: _____

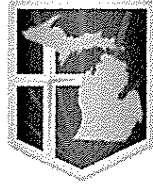
Age: _____ Grade: _____ T Shirt Size: _____

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
			409.01FFYOU	



**MICHIGAN
CATHOLIC
CONFERENCE**

MEDICAL TREATMENT AUTHORIZATION

To Whom it May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: _____

Address of Minor: _____ City: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contacts, or other pertinent comments:

Health Insurance Data:

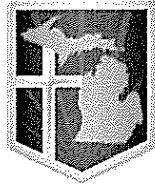
Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____ Signed: _____
(Parent or Guardian)



MICHIGAN CATHOLIC CONFERENCE

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from _____ School and/or Parish.

Name of Event: _____

Destination: _____

Designated Supervisor of Activity: _____

Date and Time of Departure: _____

Method of Transportation: _____

Student Cost: _____

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

*******STATEMENT OF CONSENT*******

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this field trip, I hereby agree on behalf of myself and my child, to release _____ School and/or Parish, the Roman Catholic (Arch)diocese of _____, 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 child, or on behalf of my child, arising from or relating to my child's participation in the field trip. In the event this release on behalf of myself and/or my child 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 child, or on behalf of my child, arising from or relating to my child's participation in the 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's Name)

(Parent's Signature)

(Date)

Please return this entire form by: _____ to _____
(Date) (Person)