

**Steubenville Mid-America 2017
Registration Form & Permission Slip**

Participant's Name: _____ T-shirt size: _____

Participant's Date of Birth: _____ Participant's Cell Phone: (_____) _____ - _____

Participant's E-mail Address: _____

Parent/Guardian Name(s): _____

Parent/Guardian Address: _____

Parent/Guardian E-mail Address: _____

Home Phone Number: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

_____ I agree to pay the entire \$350 per person cost for this trip.

_____ I am interested in any fundraising opportunities through Saint Rose Youth Ministry to help cover this trip.

(The above cost includes a \$50 Deposit which must be turned in with this registration form!)

Registration forms and deposits are due to Tom Hagerty at the Parish Office by SUNDAY, APRIL 2 at 9:00pm. Registrations will be taken on a first come, first served basis, so please get them in right away. A waitlist from teens outside of St. Rose will be kept, and spots will open up to these teens on April 2.

MEDICAL INFORMATION

Allergies: _____

Is your Child on any Medication? _____ Yes _____ No

If Yes, Please List: _____

Physician Name: _____ Phone: (_____) _____ - _____

Emergency Contact (Other Than Parents): _____

Relationship: _____ Phone: (_____) _____ - _____

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Agreements

1. As the parent or guardian of the forenamed child, in signing this form, I hereby state that the information included in this form is correct and give permission for my child to travel to and participate in the Steubenville Mid-America Youth Conference with the St. Rose Youth Ministry from Thursday, July 13, 2017 to Monday, July 17, 2016.
2. I understand that a \$50 non-refundable deposit payable to "St. Rose Parish" is due along with this form in order to reserve a spot.
3. I agree to submit the non-refundable balance payable to "St. Rose Parish" no later than May 1, 2017. Failure to do so may result in the forfeiture of my child's spot and deposit.
4. I understand that my child will be under the supervision of staff and volunteers of St. Rose Parish, the Diocese of Toledo, and the Archdiocese of St. Louis.
5. I recognize that there are risks inherent in participation in any activity and agree to hold St. Rose Parish, the Catholic Diocese of Toledo, and the Archdiocese of St. Louis, their affiliates and their 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 on the part of St. Rose Parish, the Catholic Diocese of Toledo, and the Archdiocese of St. Louis, their affiliates and their employees, volunteers and agents.
6. 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.
7. I, the undersigned, shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to my child. I agree, by signing this document, that I was advised to check with my insurance company regarding health coverage for domestic travel. Should it be necessary for my child to return home, due to medical reasons or otherwise, I, the undersigned, shall assume all transportation and other related costs.
8. If my child has a condition that requires medication, regular treatments, or some other attention, I attest that they are capable of managing such care for their own personal health and well-being. I also understand that there will be demands for physical exertion that will include (and not be limited to) walking, carrying luggage, climbing steps, and riding in vehicles for extended periods of time.
9. I hereby give permission to St. Rose Parish, the Catholic Diocese of Toledo, and the Archdiocese of St. Louis to use any photographs or video footage taken of my child in print and on their websites and social media for promotional purposes.
10. 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. Failure to adhere to this code of conduct may result in dismissal from this youth event at the expense of the parents or guardians of the forenamed child. I agree to follow this policy.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Name of Youth Participant: _____

Signature of Youth Participant: _____ Date: _____