

Steubenville Youth Conference 2018:

REVEALED

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1 John 4:9

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What: Steubenville Youth Conferences provide a great opportunity for young people to meet other teens and explore their faith in an exciting way. Awesome national speakers, great music, adoration, and entertainment are all part of this awesome conference. Imagine a whole weekend filled with God, awesome activities and discussion, and thousands of young people. If you haven't been before, you've never experienced anything like it.

When: Friday, June 29th – Sunday, July 1st, 2018

Where: Franciscan University of Steubenville, Ohio

Cost: \$200 per person - includes conference, transportation costs (we will carpool this year and supply gas for our drivers), lodging, and a t-shirt!

How: Turn in the pink attached forms, a photocopy of your health insurance card (front and back), along with **\$100 (checks payable to Sacred Heart of Jesus Parish) to Jodie** to reserve your spot.

Questions? Contact Jodie Blindauer at (419)236-1615, jblindauer@sacredheartohio.org

CAMPUS WIDE RULES: - ALL Group Leaders, Chaperons, & Youth are responsible for knowing these rules.

- Chaperons must know where their teens are at all times.**
- No drugs or alcohol.** If any are found, the participant/group can be subject to immediate expulsion.
- Smoking allowed only in designated areas.** Ohio Law requires smokers to be at least 18 years old and 30 feet from all buildings. All smokers *must be of age* and the appropriate distance from all buildings.
- Property Damage.** Responsible party will pay for full repair/replacement costs.
- Appropriate Dress and Speech:** Clothing must cover all undergarments and midriffs. Bikini tops, low cut tops, miniskirts, yoga pants, short shorts, and any inappropriate or profane attire are not to be worn at any time during the conference. Shirts and shoes are to be worn at all times. Group Leaders and Adult Chaperons are expected to communicate these expectations to the Youth beforehand and to enforce the dress code at the conference. Foul and abusive language will not be permitted.
- Insubordination:** All Youth and Adult Chaperons are expected to follow the direction of posted rules and Security and Conference Staff. Any instances of insubordination will be subject to appropriate discipline and/or fines.
- For security reasons, Franciscan University of Steubenville reserves the right to check all bags/luggage/containers.
- Reporting of Incidence:** If you witness any Youth or Adult Chaperon violating any policy in regard to Child Protection or Franciscan University of Steubenville's guidelines, you are required to report it immediately to a member of Security or the Conference Staff.

PACKING LIST (also available separately for you to share with your youth and chaperons)

- Sleeping bag & pillow
- Cot/air mattress (some participants will be expected to sleep on the floor, as we do not have enough beds for each person)
- Toiletries, washcloth, and towel
- Umbrella/other rain gear
- Backpack – to carry belongings throughout the day
- Sweatshirt/jacket for the sessions (the Fieldhouse can get cold)
- Fan (not all housing accommodations have A/C)
- Sunblock
- Bible, notebook, and pen
- Appropriate clothing - see page 4 under “Appropriate Dress and Speech”

STEUBENVILLE YOUTH CONFERENCE 2018 REGISTRATION FORM

Teen Name: _____

Parent/Guardian Name(s): _____

Address: _____

Parent Phone Number: _____

Grade (this past yr): _____ T-Shirt Size: _____ M/F: _____ Date of Birth: _____

Parent/Guardian Email Address – _____

ACTIVITY INFORMATION Completed by Church Agency

One-Time Activity

Church Agency _____ Sacred Heart of Jesus- McCartyville Activity Steubenville Youth Conference _____

Location Franciscan University, Steubenville OH Emergency No. (740) 283-3771, campus Cost \$185

Starting Date and Time morning of June 29th Meeting Place Sacred Heart

Ending Date and Time evening of July 1st Meeting Place Sacred Heart

Activities Involved carpooling, conference, sessions, small groups, community time

Type of Transportation (if any) carpooling

Group Leader Jodie Blindauer Telephone No. 419-236-1615

Other Information _____

ARCHDIOCESE OF CINCINNATI- Steubenville Youth Conference July 14-16, 2017
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 8-2013)

1. I, the lawful parent or guardian of _____ (the "child"), give permission for my child to participate in the activity described on the *Activity Information* form and release from all liability and indemnify the Archbishop of Cincinnati ("the Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati and all parishes and schools within the Archdiocese (the "Archdiocese"), and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorneys' fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity and further agree not to bring or prosecute or allow to be brought or prosecuted (including but not limited to prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits or actions against the Archbishop, the Archdiocese, and their officers, agents, representatives, volunteers and employees.
2. I further understand that my Child's participation is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, elect to participate in spite of the risks.
3. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.
4. I appoint the Archbishop or his agents who are acting as leaders of the activity as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity or related travel:
 - (i) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the Child.
 - (ii) I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.
5. This power of attorney shall lapse automatically upon completion of the activity and related travel.
6. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities. (Facebook, texting, etc.)
7. This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Medical Power of Attorney shall be effective and binding upon me, my Child, and my own and my Child's personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Signature of Parent or Guardian _____ Date ____ / ____ / ____

Home Address _____ City _____ Zip _____

Place of Employment _____

Work Address _____ City _____ Zip _____

Parent or Guardian Phone No. (w) _____ (h) _____

Emergency Contact _____ Phone No. (w) _____ (h) _____

Medical Information — Completed by Parent or Guardian — Please Print

Child's Name _____ Birth date ____ / ____ / ____

Child's Soc. Sec. No. * _____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Medical Insurance Co. _____ Policy No. _____

Member's Name _____ Phone No. (h) _____ (w) _____

Member's Birth date ____ / ____ / ____ Member's Soc. Sec. No. * _____

Family Doctor _____ Phone No. _____

* Social Security Number is optional. Please note that some hospitals WILL NOT treat without it.