



STEUBENVILLE  
CONFERENCES



FRANCISCAN UNIVERSITY  
OF STEUBENVILLE

# REVEALED

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1 John 4:9  
✠

*SUMMER 2018*

## Registration Packet

Steubenville Youth Conference 2018

Youth Ministry

St. Patrick Catholic Church

3285 Mills Road, Taylor Mill, KY 41015

Phone (859) 356-5151

Mallory Fleming

Email:  
[youthministry@stpatrikchurch.us](mailto:youthministry@stpatrikchurch.us)

Youth Ministry Coordinator

# Steubenville Youth Conference 2018

## REVEALED

*“In this way the love of God was revealed to us: God sent his only Son into the world so that we might have life through him.” 1 John 4:9*

*We live in a world where there are voices shouting at us from all sides, trying to tell us who we are and who we aren't, who we should be and who we shouldn't be. If we pay too much attention to these voices, it won't be long before we forget our true identity altogether.*

*But amidst all the noise is our loving Father, who wants to make Himself known to us and speak truth about who we are. God's love is deeper and His plan for our lives is greater than anything the world has to offer – will we allow Him to reveal it to us?*

*This summer, over 50,000 Catholic teens across North America will participate in 25 Steubenville Youth Conferences, and we want you to be one of them! Come experience the love of God in a new and more profound way. He has so much in store for you.*

**All youth currently in 8th-12th grade are invited to join us for a youth retreat June 22-24, 2018, as we travel to Steubenville OH to attend the Franciscan University of Steubenville Youth Conference.**

**If you would like to register for the conference, please complete this packet and return it to the Parish Office at St. Patrick Church. Deadline for registration is: April 8, 2018 (Divine Mercy Sunday) with \$100 Deposit. Final payment is due by Sunday, May 20, 2018.**

**If you would like more information, would like to register; or if you have questions, please contact Youth Ministry Coordinator, Mallory Fleming at: [youthministry@stpatrikchurch.us](mailto:youthministry@stpatrikchurch.us); or you may contact the Parish Office at: (859) 356-5151 or email: [stpatsemail@fuse.net](mailto:stpatsemail@fuse.net).**

*\*Please Note: No one is ever denied the chance to heal, grow and practice their faith, because of financial difficulties. This concern should not be an influence in a person's decision to participate in the Conference. Contact the Parish Office if you have questions regarding the Conference cost.*

**Registration Form Steubenville Youth Conference 2108**  
 Registration Deadline: Sunday, April 8, 2018 (Divine Mercy Sunday)

First Name:		Middle Initial:	Last Name:
Nickname, or Name Preferred on Badge:			
Mailing Address:			Date of Birth:
City:	State:	Zip Code:	
Participant's email address:		Participants Cell Phone:	
Registration Type: <input type="radio"/> Adult <input type="radio"/> Youth		Gender: <input type="radio"/> Female <input type="radio"/> Male	
Ethnicity: <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Black <input type="radio"/> Hispanic <input type="radio"/> Native American		<input type="radio"/> White <input type="radio"/> Multi-Ethnic <input type="radio"/> Unknown <input type="radio"/> Other	
Emergency Contact Name:		Emergency Contact Phone:	
Special Role: (Select One)		<input type="radio"/> Youth Ambassador <input type="radio"/> Diocesan Media <input type="radio"/> Parish/School Group Leader <input type="radio"/> Medical Coordinator <input type="radio"/> Delegation Leader	
Clergy/Religious: (Select One)		<input type="radio"/> N/A <input type="radio"/> Deacon <input type="radio"/> Sister <input type="radio"/> Brother <input type="radio"/> Priest <input type="radio"/> Bishop	
Special Needs: <input type="radio"/> Wheelchair Access Required		<input type="radio"/> Deaf	
<input type="radio"/> Hearing Impaired		<input type="radio"/> Limited Mobility	
<input type="radio"/> Blind/Visually Impaired (Needs more than glasses or contacts)		<input type="radio"/> Gluten Free	
Name of School or Parish: St. Patrick Church			
Sweatshirt size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-large <input type="checkbox"/> XX-Large <input type="checkbox"/> XXX-Large			
Name of Youth Minister: Mallory Fleming		Phone: (859) 356-5151	
<b>YOUTH ONLY REQUIRED FIELDS</b>			
Grade at time of Steubenville Youth Conference 2108:			
Mother/Guardian First Name:		Mother/Guardian Last Name:	
<input type="checkbox"/> Check box if address is different than child's			
Father/Guardian First Name:		Father/Guardian Last Name:	
<input type="checkbox"/> Check box if address is different than child's			

Return completed form to: Mallory Fleming, Youth Ministry, St. Patrick Church,  
 3285 Mills Road, Taylor Mill, KY 41015

ADULT FORM G

DIOCESE OF COVINGTON  
CONSENT FORM AND LIABILITY WAIVER

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

I agree on behalf of myself, my heirs, successors, and assigns, to hold harmless and defend **(name of parish)** St. Patrick Church, its officers, directors and agents, and the Diocese of Covington, chaperons, or representatives associated with the activity as described herein for any claim or damages to any person or property, arising from or in connection with my attendance at the activity or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents and the Diocese of Covington, chaperons, or representative associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Signature \_\_\_\_\_ Date \_\_\_\_\_

ACTIVITY INFORMATION

Activity: Steubenville Youth Conference 2018 Date: June 22-24, 2108

Location Steubenville, Ohio Phone (emergency) \_\_\_\_\_

Starting Time: Fri. June 22, 2018 AM Meeting Place: \_\_\_\_\_

Ending Time Sun. June 24, 2108 PM Meeting Place: \_\_\_\_\_

Type of Transportation: Car

Contact Person: Mallory Fleming Phone 859-356-5151

Other Information \_\_\_\_\_

LIMITED POWER OF ATTORNEY FOR HEALTH CARE

That I, \_\_\_\_\_, a resident of \_\_\_\_\_ County, \_\_\_\_\_, as parent and/or legal guardian of \_\_\_\_\_ (hereinafter "my minor child"), do hereby make, constitute and appoint \_\_\_\_\_ and Mallory Fleming of Kenton County, Kentucky, as my true

**(Youth Minister)**

true and lawful attorney in fact (hereinafter "my attorney"), for myself and my minor child and in my name, place and stead, in my attorney's sole discretion, to make any and all health care decisions relating to my minor child while in the custody of my attorney. I give permission to my attorney to make decisions relating to any necessary medical treatment including but not limited to hospitalization, surgery, administration of medications, anesthesia or injections, for my minor child while in the custody of my attorney.

This instrument is intended to, and does hereby, grant to my attorney full power and authority to do and perform each and every act and thing whatsoever requisite, necessary, and proper to be done, in the exercise of any of the rights and powers herein granted as fully, to all intents and purposes, as I might or could do if personally present, and I hereby ratify and confirm all that my attorney shall do or cause to be done by virtue thereof.

I, on behalf of myself, my minor child and our heirs, assigns, executors and personal representatives, release, hold harmless and discharge forever my attorney, and his/her heirs, assigns, executors and personal representatives for any and all liability, claims, losses, damages, costs or expenses and waive any such claims arising directly or indirectly from health care decisions made by my attorney pursuant to this power of attorney.

I, on behalf of myself and my minor child, agree to be financially responsible for any and all health care treatment arising in connection with any illness or injury of my minor child and the costs thereof and I agree to compensate my attorney for any such costs.

The rights, powers and authority of my attorney shall commence on June 22, 2108 and shall remain in full force and effect through June 24, 2108 unless this power of attorney is revoked prior to that time.

IN TESTIMONY WHEREOF, witness my signature:

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF KENTUCKY  
COUNTY OF KENTON

Subscribed, sworn to and acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission Expires: \_\_\_\_\_ Notary Public \_\_\_\_\_

MEDICAL EMERGENCY FORM

Name (of Child) \_\_\_\_\_ Date of Birth \_\_\_\_\_

SS# \_\_\_\_\_ Address \_\_\_\_\_

IN CASE OF AN EMERGENCY, NOTIFY:

Name \_\_\_\_\_ Relationship; \_\_\_\_\_ Parent \_\_\_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Numbers: Home: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

ALLERGIES (Please write YES if applicable)

Hay fever \_\_\_\_\_ Asthma \_\_\_\_\_ Sulfa \_\_\_\_\_ Poison Ivy \_\_\_\_\_

Penicillin \_\_\_\_\_ Bee Sting \_\_\_\_\_ Other \_\_\_\_\_

PLEASE CHECK IF INDIVIDUAL/CHILD HAS ANY OF THE FOLLOWING CONDITIONS:

Diabetes \_\_\_\_\_ Convulsions \_\_\_\_\_ Bleeding Disorders \_\_\_\_\_ Contact Lenses \_\_\_\_\_ Fainting Spells \_\_\_\_\_ Heart Trouble \_\_\_\_\_ Prosthesis \_\_\_\_\_ Migraine Headaches \_\_\_\_\_

If any of the above items are YES, please submit statement of how the individual/child has been treated and with what medications.

PLEASE CHECK APPROPRIATE RESPONSE:

YES \_\_\_\_\_ NO \_\_\_\_\_ I/My child can be given aspirin or Tylenol if needed for minor pain.

YES \_\_\_\_\_ NO \_\_\_\_\_ I/MY child have/has a medical condition. If yes, please describe;

YES \_\_\_\_\_ NO \_\_\_\_\_ I/My child am/is taking medication. If so, please list name, dosage and medical condition: \_\_\_\_\_

YES \_\_\_\_\_ NO \_\_\_\_\_ Treatment received for any illness/injury within the last year?

If yes, please explain: \_\_\_\_\_

In case of emergency, I understand that no effort may be made to contact parents or guardian prior to emergency treatment. I hereby give permission to any physician, hospital and/or health care personnel to secure proper treatment for hospitalize, and to order injections, medication, anesthesia, surgery or other necessary treatment for my child named above. I also give permission to secure proper emergency medical transportation.

HEALTH INSURANCE CO. \_\_\_\_\_ POLICY NO. \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ FAMILY PHYSICIAN TELEPHONE \_\_\_\_\_

DATE: \_\_\_\_\_

(Signature of Parent/Guardian)

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_ Notary Public \_\_\_\_\_

# FORM C

## PARENTAL CONSENT AND WAIVER OF LIABILITY

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_

Home Address \_\_\_\_\_

Home telephone \_\_\_\_\_ Business telephone \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child \_\_\_\_\_, to participate in the Diocesan/parish/school event described below which requires transportation away from the parish/school. I understand that this activity will take place under the guidance and direction of diocesan/parish/school employees and/or volunteers (hereinafter "chaperones").

**DATE AND TIME: AM on Fri. June 22, 2017 returning PM on Sun. June 24, 2018**

**TYPE OF EVENT: Steubenville Youth Conference 2018**

**DESTINATION: Steubenville, OH**

**MODE OF TRANSPORTATION: Car**

In consideration of my child's participation in this event, on behalf of myself, my child, and our heirs, assigns, executors and personal representatives, I release, hold harmless and discharge forever the Diocese of Covington

and St. Patrick Church, their respective officers, directors, employees, agents and chaperones from  
**(Name of parish or school)**

any and all liability, claims, losses, damages, costs or expenses and waive any such claims against any such person or organization arising directly or indirectly from or attributable in any legal way to any action, omission or any other act of any such person or organization in connection with my child's participation in this event. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child, and our heirs, assigns, executors and personal representatives, to hold harmless

And defend the Diocese of Covington and St. Patrick Church, their respective officers, directors, employees,  
**(Name of parish/school)**

agents, and chaperones from any claim or damages to any person or property, arising from or on connection with my child's participation in this event or in connection with any illness or injury or the cost of medical treatment of my child,

and I agree to compensate the Diocese of Covington, and St. Patrick Church,  
**(Name of parish/school)**

their respective officers, directors, employees, agents and chaperones for reasonable attorney's fees and expenses arising in connection therewith. I agree that my child will cooperate with the chaperones and that the Diocese of

Covington and St. Patrick Church will not be liable if my child fails to obey the chaperones and that  
**(Name of parish or school)**

infractions may result in termination of my child's participation. In such event, I further agree to be financially responsible for any costs in other required expenses necessary to transport my child home.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Signature \_\_\_\_\_ Date \_\_\_\_\_

Q: |APPS|SHARE|LAG|FUEL-WAIV.WPD

# St. Patrick Catholic Church Steubenville Youth Conference 2018 Payment Form

Family Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Email: \_\_\_\_\_

Family Address: \_\_\_\_\_

Retreat Cost:       **\$250.00 per Youth Participant**

**Submission Instructions:**

Please make checks payable to St. Patrick Church and submit with form to the Parish Office

Steubenville Youth Conference 2018, St Patrick Catholic Church, 3285 Mills Rd. Covington, KY 41015 or drop off in person at the Parish Office during the secretary's office hours 9-5 Mon – Wed & Fri or 12-2pm Sat. You may also place it in the drop box by the Parish Office (located by the Adoration Chapel) anytime.

Name				Payment Information		
Child	First	Middle	Last	Deposit <b>\$100</b> <i>(due with reg)</i>	Registration Cost <i>(minus \$100 deposit due by May 20, 2018)</i>	*Total Cost <b>\$250/per person</b>
Youth #1						
Youth #2						
Youth #3						
Adult #1						
Adult #2						
<b>TOTAL COST</b>						

**\*Please Note:** No one is ever denied the chance to heal, grow and practice their faith, because of financial difficulties. This concern should not be an influence in a person's decision to participate in the Conference. Contact the Parish Office if you have questions regarding the Conference cost.

**Parish Office Use Only:**

Date Rec'd \_\_\_\_\_

Cash: \_\_\_\_\_

Check: \_\_\_\_\_