



STEUBENVILLE
CONFERENCES



FRANCISCAN UNIVERSITY
OF STEUBENVILLE

REVEALED

✠
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

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; or you may contact the Parish Office at: (859) 356-5151 or email: 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	
YOUTH ONLY REQUIRED FIELDS			
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 Pam Nunnolley _____ of Kenton County, Kentucky, as my true

(Business Manager)

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 \$250.00 per Adult 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 \$100 <i>(due with reg)</i>	Registration Cost <i>(minus \$100 deposit due by May 20, 2018)</i>	*Total Cost \$250/per person
Youth #1						
Youth #2						
Youth #3						
Adult #1						
Adult #2						
TOTAL COST						

***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: _____