

**St. Joseph's Youth Ministry and Faith Formation**  
**Steubenville North, St. Paul, MN**  
**Open to youth Grade 8-12 2017-18 school year.**  
**PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER**

Participant's Name: \_\_\_\_\_  
Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ School \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Preferred Contact Phone # \_\_\_\_\_  
Home Address \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in the event, sponsored by St. Joseph. This activity will take place under the guidance and direction of parish employees and volunteers from St. Joseph.

<b>Type of event:</b>	<b>Steubenville North Youth Conference</b>
<b>Location of the event:</b>	<b>St. Paul, MN @ St. Thomas University</b>
<b>Individuals in charge:</b>	<b>Melissa Hund-Cerna (701-367-3345)</b>
<b>Date of event:</b>	<b>July 27-29 2018</b>
<b>Registrations due:</b>	<b>\$55 deposit due at registration by November 30 (Early Bird Rate), \$70 due at registration after November 30.</b>
<b>Transportation:</b>	<b>Coach Bus</b>

As a parent and/or guardian, I remain legally responsible for any personal actions taken by the above named minor (participant). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Joseph's, its officers, directors and agents, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate St. Joseph's, its officers, directors and agents, chaperones, or representatives associated with the event for reasonable attorney's fee and expenses arising in connection therewith.

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

**Registration Details:**

*Upon registration, youth will receive instructions for the second registration process to be done online through Partnership for Youth.*

**Payment Schedule:**

- \$55 nonrefundable down payment due at registration by November 30 (Early Bird Rate)
- \$70 nonrefundable down payment due at registration after November 30
- \$230 due by Friday, May 11
- Remainder due to cover transportation by June Friday, June 29

**Total Cost Early Bird =285.00 plus transportation or \$300 plus transportation if registered after January 17.**

**Travel costs will vary depending on total number of youth from St. Joe's riding on our bus.**

- 15 youth =140.00 per youth
- 30 youth =70.00 per youth
- 40 youth =55.00 per youth
- 50 youth =45.00 per youth

**A LATE FEE OF \$10 WILL BE ADDED TO ALL PAYMENTS RECEIVED AFTER THE DUE DATE**

*(Of the following statements pertaining to MEDICAL MATTERS, sign only those that are applicable.)*

**MEDICAL MATTERS**

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

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

**EMERGENCY MEDICAL TREATMENT:**

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any treatment by the hospital or doctor. **In the event of any emergency, if you are unable to reach me at the above numbers, contact:**

Name and Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

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

**MEDICATIONS:**

My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

\_\_\_\_\_  
\_\_\_\_\_

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

**SPECIAL MEDICAL INFORMATION:**

St. Joseph will take reasonable care to see that the following information will be held in confidence. Allergic Reactions (medications, food, plants, insects, etc.):

\_\_\_\_\_  
\_\_\_\_\_

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

Immunizations: Date of last tetanus/diphtheria immunizations: \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

You should be aware of these special medical conditions of my child:

# Steubenville North Youth Conference

## St. Joe's Youth Ministry Trip Information

**Dates: July 27-29 2018**

**Location: St. Thomas University**  
2115 Summit Ave,  
Saint Paul, MN 55105

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**THIS CONFERENCE DOES FILL UP SO REGISTER RIGHT AWAY TO ENSURE YOUR SPOT.**

### Weekend Travel Schedule:

#### **Friday, July 27th**

7:30 AM-Youth arrive to St. Joseph's Catholic Church, load things on bus. Group Picture.  
8:00 AM -Mass and send off blessing  
8:45 AM -Bus Leaves St. Joseph's Catholic Church  
11:15 AM -Arrive to St. John's University -Tour of Monastery, Midday prayer with Monks, and Lunch  
1:15 PM -Leave for Minneapolis  
2:30 PM -Arrive to Basilica of St. Mary, tour and take pictures  
3:15 PM -Leave for St. Thomas  
3:30 PM -Arrive to St. Thomas -unpack at dorms  
5:00 PM -Dinner and beginning of Friday sessions.  
(Group Leader Check-In between 1-4 PM)

#### **Sunday, July 29th**

1:00 PM-Receive sack lunches and Depart Conference  
5:00 PM -Celebratory Potluck Dinner back at Church.

**Group Leader:** Melissa Hund-Cerna, Coordinator of Youth Ministry and Faith Formation Grades 6-12  
[mhundcerna@stjoesmhd.com](mailto:mhundcerna@stjoesmhd.com) 218-236-5066 (office) 701-367-3345 (cell)

### *2018 Steubenville St. Paul Youth Conference Ministry Team*



Chris Padgett, Fr. John Parks, Sr. Mary Elizabeth Albers, Matt Regitz, Katie Prejean McGrady, and SONAR