

**STEBENVILLE REGISTRATION/PERMISSION FORM**

**PARISH: SAINT ALBAN ROE**

**PARISH ORGANIZATION: YOUTH MINISTRY**

**DATES: JULY 12-14, 2019**

**TOTAL COST: \$325.00 (Includes Conference Fees, Charter Bus Transportation, Meals, Lodging and T-shirt)**

**NON-REFUNDABLE \$125.00 DUE APRIL 5, 2019. BALANCE OF \$200.00 DUE JUNE 1, 2019**  
**Checks Payable to St. Alban Roe**

**PARTICIPANT'S INFORMATION**

Name: \_\_\_\_\_ MALE or FEMALE  
Last, First, Middle

Email: \_\_\_\_\_ T-Shirt Size (adult sizes): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade - Fall 2019 \_\_\_\_\_

**MEDICAL HISTORY**

Allergies (Specifically Food Allergies): \_\_\_\_\_

Will your child be taking prescription medication at the time of the event? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, can your child be responsible for taking his/her own medication? \_\_\_\_\_ YES \_\_\_\_\_ NO

If NO, you must contact the Parish Office at 636-458-2977.

**PARTICIPANT MUST HAVE A COPY OF HIS/HER MEDICAL INSURANCE CARD AT ALL TIMES.**

**Special Needs:**

**PARENTS/GUARDIAN**

Name: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Emergency Contact Name (other than parents): \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**AGREEMENTS**

- As the parent or guardian of the above named Participant, by signing this form, I hereby state that the information included in this form is correct and give permission for Participant to participate in the activity referenced above.
- I understand that my child will be under the supervision of the Archdiocese of St. Louis staff and volunteers.
- I recognize that there are risks inherent in participation in any activity and agree to hold the Archdiocese of St. Louis, its affiliates and its 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 of the Archdiocese of St. Louis, its affiliates and its and their employees, volunteers and agents.
- 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.
- I hereby give permission to the Archdiocese of St. Louis to use any photographs or video footage taken of my child in print and on their website for promotional purposes.
- 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. I agree to follow this policy.
- I understand that this is an opportunity for myself and others to grow closer to God. I come with an open heart and mind. I will be respectful to all and commit to participating in any activity in which I am asked to participate, even if it goes outside of my comfort zone.

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

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STEUBENVILLE PARTICIPANT LETTER  
PARISH: SAINT ALBAN ROE  
PARISH ORGANIZATION: YOUTH MINISTRY  
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Dear Steubenville Participant:

It is that time of year, when we have the opportunity to join over 3,000 teens from all around the Midwest for a weekend of faith, praise, worship and fellowship. This year we will be attending the STL – Mid-America 1 Conference in Springfield, MO the weekend of **July 12-14, 2019**. Details will follow; however, the buses will leave the morning of Friday, July 12, 2019 after a special 10:00 a.m. mass and will return late afternoon, Sunday, July 14, 2019. Please plan accordingly.

The 2019 Theme is BELONG

*"See what love the Father has bestowed on us, that we may be called children of God." -1 John 3:1*

Attached is a Registration/Permission Form. We have reserved only 50 spots for our teens and they will be filled on a "first come, first served" basis. In order to guaranty a spot, you must return the fully completed and signed Steubenville Registration/Permission form and timely submit all payments. **It is unlikely that we will be able to procure any additional spots – so please get your money turned in as soon as possible.** Spots will fill quickly so please return the completed form along with your \$125.00 deposit **no later than April 5, 2019.**

The Conference is open to anyone who will graduate from 8<sup>th</sup> grade in Spring 2019, and any individually who is a high school student as of Fall 2019. There will be sufficient adult chaperones from the Core Team who will accompany you on the Conference Weekend. As with prior retreats, you must be willing to open yourself to God so that He can work through you and so that you may be a witness to others.

Thank you for your support and interest. Please continue to pray for St. Alban Roe Youth Ministry and for the success of this Steubenville Youth Conference. For more details, including a packing list and other information, please visit the website at <https://steubenvilleconferences.com>

If you have any questions, please contact Gina Tocco at [vgt@tocolaw.com](mailto:vgt@tocolaw.com)

We thank you and your remain in our thoughts and Prayers !!  
In Christ's Name,  
The St. Alban Roe Core Team