

# Steubenville Youth Conference, July 12,13,14, 2024

Form due Feb 02, 2024

## **Cost and payment information:**

**\$320.00 per participant/chaperone** - which includes conference fee, charter bus transportation, all conference meals on campus, room accommodations, pizza lunch on the return trip, and (1) T-shirt.

PAYMENT of \_\_\_\_\_ enclosed. Check #: \_\_\_\_\_, Cash \_\_\_\_\_

**Registration Opens:** NOW!

**Registration Closes:** Thursday, February 2, 2023 (After 02/02/2023 your Teen will be put on a wait list!)

## **Payment Information:**

### **First Payment:**

**\$160.00 and registration form** for participants/chaperones due on or before: **February 2, 2023** - (made to "Holy Redeemer")  
**(\$60.00 non-refundable after 02/02)** should be turned in to Molly Berra or dropped off/mail to parish office *c/o Molly Berra : 17 Joy Ave, St. Louis, MO 63119*

### **FINAL payment:**

**\$160.00** for participants/chaperones due on or before: **April 06, 2023** - (made to "Holy Redeemer")  
**(\$320.00 non-refundable after 06/06)** should be turned in to Molly Berra or dropped off/mail to parish office *c/o Molly Berra; 17 Joy Ave, St. Louis, MO 63119*

## **Questions/ Information:**

**Chaperones:** If you are interested in Chaperoning please let Molly Berra know!

### **What is Steubenville?**

Steubenville, Ohio, the home of [Franciscan University of Steubenville](https://www.franciscan.edu/) sponsors all of the 'Steubenville' youth conferences across North America. These youth conferences began on their campus in 1976.

**Where is it held:** The campus of Missouri State University in Springfield Missouri. Main sessions are held in the JQH Arena with break-out sessions in Juanita K. Hammons and the Student Union.

**Housing:** Housing will be in MSU student dorms. **(Two or Three to a room)**

**Food:** Meals are provided in MSU Student Dining and included in the conference cost. Pizza lunch in Springfield on Sunday before departing for home is also included in the total trip expense. Money for fast food for possible lunch stops in route to the conference & any other food/snacks while on campus is additional.

**T-shirts:** Each teen will get two group t-shirts wear on Saturday and Sunday!

**More Information:** <https://steubystl.com>

**Questions:** -Contact Molly Berra

**Email:** [mberra@gmail.com](mailto:mberra@gmail.com) **Cell:** (832)-797-9232 **Office:** 314-962-0038 ext.102

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**Teen Information:**

Participant's Name \_\_\_\_\_ M/F \_\_\_ Grade: \_\_\_ Date of Birth \_\_\_\_\_

*First M Last*

Participant Email \_\_\_\_\_ Participant Cell #: (\_\_\_\_) \_\_\_\_\_ Shirt Size: \_\_\_\_\_

**Medical History – Please bring/keep your insurance card with you at this event at all times (or a copy)**

Allergies: \_\_\_\_\_ Special Needs: \_\_\_\_\_

Will your child be taking prescription medication at the time of the event?: \_\_\_\_\_ Yes \_\_\_\_\_ No

Can your child be responsible for taking his/her own medication?: \_\_\_\_\_ Yes \_\_\_\_\_ No.

If "No," please contact Molly Berra

Physician Name \_\_\_\_\_ Physician Phone#: (\_\_\_\_) \_\_\_\_\_

Health Insurance company: \_\_\_\_\_ Health Insurance policy #: \_\_\_\_\_

**Parents/Guardian information and emergency Contact Name (other than parents DURING this event):**

Name: \_\_\_\_\_ Parent Cell# (\_\_\_\_) \_\_\_\_\_ Parent Email: \_\_\_\_\_

Name: \_\_\_\_\_ Parent Cell# (\_\_\_\_) \_\_\_\_\_ Parent Email: \_\_\_\_\_

Name: \_\_\_\_\_ Cell# (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

**Agreements**

1. As the parent or guardian of \_\_\_\_\_ ("child"), in signing this form, I hereby state that the information included in this form is correct and give permission for my child to participate in the activity entitled **STEUBENVILLE YOUTH CONFERENCE**.
2. I understand that my child will be under the supervision of the Archdiocese of St. Louis and Holy Redeemer Parish staff and volunteers.
3. I recognize that there are risks inherent in participation in any activity and agree to hold the Archdiocese of St. Louis, Holy Redeemer parish and 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.
4. 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.
5. I hereby give permission to the Archdiocese of St. Louis/ Holy Redeemer parish to use any photographs or video footage taken of my child in print, parish social media and on their website for promotional purposes.
6. I understand that for all Youth Ministry activities there is a zero tolerance policy for the use of any mood altering chemicals (including vaping, alcohol and illegal drugs), foul language, threats or any type of abuse and inappropriate physical contact. I understand that if my child is found with any of these chemicals, I will be contacted and expected to pick up my child from this event immediately. I agree to follow this policy.

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

PAYMENT of \_\_\_\_\_ enclosed. Check #: \_\_\_\_\_, Cash \_\_\_\_\_

Turn into Molly Berra by February 02, 2024