

**St. Joseph “Belong” Steubenville St. Paul Conference**  
**July 26-28, 2019 | For Current 8-12 Graders**  
**Located at the University of St. Thomas | \$275**  
*\*LIMITED SPOTS – Priority given to those who register first\**



Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Youth Cell Phone \_\_\_\_\_

Youth Email \_\_\_\_\_

Parent(s) Names \_\_\_\_\_

Parent Email(s) \_\_\_\_\_

Parent Cell Phone(s) \_\_\_\_\_

School \_\_\_\_\_ Current Grade \_\_\_\_\_

*\*Registration is Double Sided\**



**\$100 Deposit Due along with Registration**

*Final \$175 payment due no later than May 1, 2019*

**Turn into St. Joseph Parish Office with ATTN: Kayla Rooney**

***\*Make Checks Payable to St. Joseph\****

OFFICE USE ONLY

Registration Received: \_\_\_\_\_ Payment Information: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Initials \_\_\_\_\_



PARENTAL CONSENT FORM & INDEMNITY AGREEMENT Steubenville St. Paul Conference 2019

Student/Participant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Family Email Address \_\_\_\_\_

Parish/School St. Joseph Church (13900 Biscayne Ave W, Rosemount MN 55068)
Date of Event/Field Trip July 26-28, 2019 Type of Field Trip Steubenville Conference
Destination University of St. Thomas, St. Paul, MN
Individual(s) in Charge Kayla Rooney
Estimated Time of Departure Friday 7/26/19 around 2pm Return Sunday 7/28/18 around 1pm
Mode of Transportation To & From Event Self (drop off/pick up from University of St. Thomas)
Student Cost (if applicable) \$275

I, \_\_\_\_\_, grant permission for \_\_\_\_\_
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the Church of St. Joseph and the Archdiocese of Saint Paul and Minneapolis from any claims or law suits brought against the Church of St. Joseph /Archdiocese of Saint Paul and Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.

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

Name Phone Number Relationship To Youth

MEDICAL INFORMATION:

Medication my child is taking at present \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Family Health Plan carrier number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Parent/Guardian Signature Date

Additional paperwork & forms will be completed online through Partnership For Youth (PFY is the organization who puts on the Conference) - You will receive information about these forms at a later date.