



PSALM
80:3

Steubenville Youth Conference 2020
Registration Packet

St. Patrick Church

3285 Mills Rd Taylor Mill, Kentucky 41015-2480 Phone: (859) 356-5151 <http://www.stpatrickchurch.us/>

Steubenville Youth Conference 2020

Restored

"Restore us, O God; let your face shine, that we may be saved." -Psalm 80:3 RSV

Can you remember a time when you weren't anxious about something? The chaos of our lives can overwhelm us and make it difficult to see anything other than confusion and brokenness.

And somewhere along the way, we've forgotten who we are – and, more importantly, who God is.

We have a good, loving Father in heaven who created us to share in His glory, to see everything and everyone with His eyes. His greatest desire is to raise us up out of our fear and anxiety and restore us to the hope and abundant life that only He can give.

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 26-28, 2020, 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. All registrations are due with \$100 Deposit. Final payment is due by Sunday, May 24, 2020.

If you would like more information, would like to register; or if you have questions, please contact Youth Ministry Coordinator, Mallory Hamilton at: youthministry@stpatrikchurch.us; or you may contact the Parish Office at: (859) 356-5151 or email: parishoffice@stpatrikchurch.us .

**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 2020

Registration Deadline: Sunday, April 12, 2020

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"/> Parish/School Group Leader <input type="radio"/> Delegation Leader	<input type="radio"/> Diocesan Media <input type="radio"/> Medical Coordinator	
Clergy/Religious: (Select One) <input type="radio"/> N/A <input type="radio"/> Sister <input type="radio"/> Priest	<input type="radio"/> Deacon <input type="radio"/> Brother <input type="radio"/> Bishop	
Special Needs: <input type="radio"/> Wheelchair Access Required <input type="radio"/> Hearing Impaired <input type="radio"/> Blind/Visually Impaired (Needs more than glasses or contacts)	<input type="radio"/> Deaf <input type="radio"/> Limited Mobility <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 Hamilton	Phone: (859) 356-5151	
YOUTH ONLY REQUIRED FIELDS		
Grade at time of Steubenville Youth Conference 2020:		
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 Hamilton, Youth Ministry, St. Patrick Church,

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 2020 Date: June 26-28, 2020

Location Steubenville, Ohio Phone (emergency) _____

Starting Time: Fri. June 26, 2020 AM Meeting Place: _____

Ending Time Sun. June 28, 2020 PM Meeting Place: _____

Type of Transportation: Car

Contact Person: Mallory Hamilton 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 _____ of _____ County, Kentucky, as my true

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 26, 2020 and shall remain in full force and effect through June 28, 2020 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 26, 2020 returning PM on Sun. June 28, 2020

TYPE OF EVENT: Steubenville Youth Conference 2020

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 or 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 _____

St. Patrick Catholic Church Steubenville Youth Conference 2020 Payment Form

Family Name: _____ Phone: _____

Parents/Guardians: _____

Email: _____

Family Address: _____

Retreat Cost: \$280.00 per Youth Participant

Submission Instructions:

Please make checks payable to St. Patrick Church and submit with form to the Parish Office

Steubenville Youth Conference 2020, 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. 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 April 12, 2020)</i>	*Total Cost \$280/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: _____