

# Steubenville Youth Conference 2024!



*“The light shines in the darkness, and the darkness has not overcome it.” – John 1:5*

Calling all high schoolers! Join us at Steubenville Main Campus June 28th-30th, 2024

At Steubenville Main Campus, you'll:

- Experience the peace of Jesus Christ through inspiring talks, praise and worship, and the sacraments
- Connect with hundreds of other Catholic teens
- Return home with memories that will last a lifetime, knowing that you are never alone

## **Signups Due January 19th!**

Turn in these form to your youth minister or theology teacher if you are interested in attending and contact us if you have any questions.

Lauren Corbat- [lcobat@stmalachychurch.org](mailto:lcobat@stmalachychurch.org)

Matt Hunt- [huntm@stthecla.com](mailto:huntm@stthecla.com)

Ron L. Perfetto [leshabs1993@gmail.com](mailto:leshabs1993@gmail.com)

Amanda Hammou - [ahammou@delasallehs.com](mailto:ahammou@delasallehs.com)

Ashley Ackerman- [aackerman@reginahs.com](mailto:aackerman@reginahs.com)

**Conference Dates: June 28th-30th, 2024**

**Signups due January 19th!**

**Cost: \$100, if cost is an issue please talk to a leader, we can work it out and definitely want you to come!**

### **Important Dates**

**May 18th-** Steubenville Golf Outing Fundraiser Event at Sycamore Hills Golf Club - ALL HANDS ON DECK NEEDED FOR VOLUNTEERS, THIS IS OUR MAIN FUNDRAISING EVENT!

**June 28th-30th 2024 - Steubenville Weekend**

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION  
**Steubenville Conference 2024!**

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a parish-sponsored activity requiring transportation to a location away from the parish premises. This activity will take place under the guidance and supervision of employees from **St. Malachy** Parish.

Name of Event: **Steubenville Catholic Youth Conference 2024**

Destination: **Franciscan University of Steubenville - 1235 University Blvd, Steubenville, OH 43952**

Designated Supervisor of Activity: **Lauren Corbat (586-604-4434)**

Date and Time of Event: **June 28th-30th, 2024**

Method of Transportation: **We will drive together, meet in St. Malachy parking lot (time TBA)**

Attendee Cost: **\$100 for St. Malachy Students other groups speak with your leader, if cost is an issue please talk to a leader. We want everyone to come!**

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

\*\*\*\*\*STATEMENT OF CONSENT\*\*\*\*\*

I hereby consent to participation by my child,

\_\_\_\_\_, in the event

described above. Name of event: \_\_\_\_\_Steubenville Youth Conference 2024\_\_\_\_\_. I understand that this event will take place away from the parish grounds and that my child will be under the supervision of the designated parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this field trip, I hereby agree on behalf of myself and my child, to release St Malachy Parish, the Roman Catholic Archdiocese of Detroit, St. Thecla, and St. Paul of Tarsus and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releases"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releases from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in

the field trip. This release of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this capital release or capital indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

During this activity, I can be reached at (            )

\_\_\_\_\_

or(            )

\_\_\_\_\_

\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**MEDICAL TREATMENT RELEASE FORM      2023-2024**

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: \_\_\_\_\_ Relationship to you \_\_\_\_\_

Reason for which release is intended: \_\_\_\_\_

Address of Minor: \_\_\_\_\_ City: \_\_\_\_\_

Emergency Phone(s): \_\_\_\_\_ Emergency Contact Person: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_ City: \_\_\_\_\_

List allergies, medication, contract, or other pertinent comments:

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

Health Insurance Data:

Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

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

Signed: \_\_\_\_\_  
(Parent or Guardian)

PSI/MedRel/05-94  
**HAPS-March 2004**

**In the event that medication needs to be dispensed, the *Release for Dispensing of Medication* form on the back needs to be completed.**

**OVER**



*(If applicable)*

**RELEASE FOR DISPENSING OF MEDICATION**

We, the undersigned parent and/or guardian of:

\_\_\_\_\_ Born \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Student's Name) (Grade/Room #) Mo Day Yr

do hereby sign and execute this release on behalf of us and on behalf of our minor son/daughter/ward.

**NAME OF MEDICATION:** \_\_\_\_\_

**DOSE:** \_\_\_\_\_

**TIME TO BE GIVEN:** \_\_\_\_\_

**DURATION:** \_\_\_\_\_

**ATTACH DOCTOR'S NOTE REGARDING EMERGENCY CARE PLAN AND ADMINISTRATION OF MEDICATION.**

**Check here, if this release is for a metered dose asthma inhaler, insulin pump or epinephrine auto-injector, which the student will possess and use at his/her own discretion in school or at school activities. The physician and parents/guardian signature below apply to the inhaler, insulin pump or epinephrine auto-injector possession and use by students as permitted in Public Act 10 – Revised School Code.**

\_\_\_\_\_ (Doctor's Signature) \_\_\_\_\_ (Please Print Name) \_\_\_\_\_ (Date)  
\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Phone Number)

We hereby waive any liability whatever to the school or the Archdiocese of Detroit or any of its personnel, that might occur as the result of giving said medication in the indicated dosage at the time requested to our minor son/daughter/ward.

PARENT/GUARDIAN \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

DATE \_\_\_\_\_

**OVER**