

Steubenville Youth Conference 2026!

2026 Theme



"For the battle belongs to the LORD."

1 SAMUEL 17:47

Calling all high schoolers! Join us at Steubenville Main Campus July 10th-12th, 2026!

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 21st, 2026!

Turn in these forms to your youth minister if you want to attend. Please contact us if you have any questions.

Lauren Corbat- lcorbat@stmalachychurch.org

Conference Dates: July 10th-12th, 2026

Signups due January 21st!

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 16th, 2026- Golf Outing Fundraiser Event at Sycamore Hills Golf Club - ALL HANDS ON DECK NEEDED FOR VOLUNTEERS, THIS IS OUR MAIN FUNDRAISING EVENT!

July 10th-12th, 2026 - Steubenville Weekend

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

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

Name of Event: Franciscan University of Steubenville 2026 Youth Conference

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

Designated Supervisor of Activity: Lauren Corbat 1-586-604-4435

Date and Time of Departure: July 10th 2026 around 8am return July 12th 2026 around 8pm

Method of Transportation: Chartered Bus or volunteer drivers (tbd)

******If volunteer drivers are used and my child is under 8 years old or under 4' 9", I understand that I need to provide a booster seat.**

Student Cost: \$100, if cost is an issue please contact 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. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/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 Catholic Church _____ School and/or Parish, the Roman Catholic (Arch)diocese of _____ Detroit _____, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), 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 Releasees 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 Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

(Print Parent's Name)

(Parent's Signature)

(Date)

Please return this entire form by: 1/21/2025 to Lauren Corbat
(Date) (Person) May, 2025

MEDICAL TREATMENT RELEASE FORM

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): _____

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. I acknowledge that it is my responsibility to submit a new form if any of the above information changes.

Date: _____

Signed: _____
(Parent or Guardian)

HAPS-May 2017

OVER

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.

0 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