

# Steubenville North 2010

**July 30-August 1, 2010**

Grades 9-12 (fall of 2010)

A weekend conference at the University of St. Thomas to enrich and enliven the faith of teenagers across the country!

**Turn in attached  
registration forms no later  
than April 15, 2010**

Contact Hannah Keisling

For more information

651.777.8304 ext. 317

[hkeisling@churchofstpetersnsp.org](mailto:hkeisling@churchofstpetersnsp.org)

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BE  
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STEUBENVILLE NORTH 2010



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**July 30 – August 1**

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**[www.partnershipforyouth.org](http://www.partnershipforyouth.org)**

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**...For those entering 9th grade  
Through exiting 12th grade...**

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**Questions: contact Hannah Keisling  
651-777-8304 ext. 317  
[hkeisling@churchofstpetersnsp.org](mailto:hkeisling@churchofstpetersnsp.org)**

# Archdiocese of St. Paul/Minneapolis

## Parental/Guardian Consent Form and Indemnity Agreement

Participant's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_ Grade: \_\_\_\_  
Home address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Mother's name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Father's name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Date of event: Friday, July 30-Sunday, August 1, 2010  
Type of event: Steubenville North Youth Conference  
Destination of event: University of St. Thomas, St. Paul, MN  
Individual in charge: Hannah Keisling  
Estimated time of departure and return: 4:00 pm (Friday) – 4:00 pm (Sunday)  
Mode of transportation to and from event: Parent Drop off and pick up  
Student cost: \$200 (includes \$40 deposit due April 15)

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. I agree to indemnify The Church of St. Peter and the Archdiocese of St. Paul/Minneapolis from any claims or lawsuits brought against The Church of St. Peter/Archdiocese of St. Paul/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 Church of St. Peter and the Archdiocese in defense of such a claim/law suit.

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

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Information:

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

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies and/or Other Medical Conditions: \_\_\_\_\_

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

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

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. *(Of the following statements pertaining to medical matters, sign only those that are applicable.)*

**Medical Treatment:** In the event it comes to the attention of **the Church of St. Peter**, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

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

**Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are indicated on attached Prescription Drug & Medical Authorization Form.

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

**No medication** of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

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

I hereby grant permission for **non-prescription medication** (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

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

**Specific Medical Information:** Church of St. Peter will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: \_\_\_\_\_ You

should be aware of these special medical conditions of my child: \_\_\_\_\_

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

# CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing the **Church of St. Peter**

In this event sponsored by the Church of St. Peter

*On Friday, July 30 – Sunday, August 1, 2010*

*Please read and sign.*

I, \_\_\_\_\_, WILL:  
Printed Name of Youth Participant

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
  - Respect the property of others, including all program facilities and property.
  - Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
  - Be on time for all check-ins and departure time.
- Not have in my possession any tobacco, alcohol or any controlled illegal substance

**I agree that if any of these terms are violated, the Church of St. Peter can send the participant home at the participant/guardian's expense.**

\_\_\_\_\_  
Youth Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please return to: Hannah Keisling, 2600 North Margaret St., North St. Paul, MN 55109

No later than: Friday, May 14, 2010

*The Parish/School sponsoring this activity is responsible for receiving an authorized form for each participant under the age of 18.*