

2017 Steubenville North Conference

July 28-30, 2017

St. Paul, MN

Registration forms and the fee of \$120 is due by January 12, 2017 to reserve a spot.

- Registration fees are non-refundable
- Space is limited and will be filled on a first come/first served basis
- Participants include 9th grade through graduating seniors (Class of 2017)
- Please turn forms and payment in to the St. Katharine Drexel Parish office.

The total cost for the Steubenville North Conference is \$350 (registered before May 1st) or \$375 (registered after May 1st) per participant.

- The total cost to St. Katharine Drexel youth is a \$120 registration fee with participation in 23 hours of youth group fundraising.
- Students are given a \$10 credit for each hour worked, up to 23 hours.
- The youth who will attend the Steubenville North Conference will receive \$10 for each full hour that they volunteer their time at an official fundraising event.
 - They can fundraise 100% of the fundraising portion for the event(s) they plan on attending.
 - Registration fees must still be paid; this helps to keep SKD's costs equal to the amount that needs to be fundraised.
- Youth are allowed to double up their Christian Service hours and receive fundraising credit simultaneously.
- Parents and sibling may also help volunteer their time and receive \$10 for each full hour, up to 50% for each event that the youth will attend.
- None of the volunteer hours for fundraising credit can "roll-over" to another year.
- ALL volunteers (youth or family) must place their name and times of sign in and sign out on the official sign-in sheet to receive credit for the hours they worked.

Schedule

We will meet at St. Katharine Drexel Parish, 1800 S. Katie Ave., Sioux Falls, SD at 7:00 a.m. on Friday, July 28 for registration, loading the bus and prayer before departing. We will end around 4:00 p.m. on Sunday, July 30th with a Taco Salad Potluck in the Multipurpose Room/Gym.

Check list of items to be turned into St. Katharine Drexel Parish office:

Please complete the form for each participant. The Sioux Falls Catholic Diocese requires that all information be filled out and all forms are signed.

For Youth Participants:

Overnight/Liability Waver
 Code of Conduct

Payment
(please identify which payment plan you will use)

Payment Options

\$350 (registered before May 1st) or \$375 (registered after May 1st)

All registration fees (up to \$120) are nonrefundable. Fundraising credit can apply to a different event.

Payment Plan A: \$120 + fundraising credit (up to \$230)

Payment Plan B: Registration Fee Payment Plan

- \$50 due now
- \$40 due November 12
- \$30 due January 12

Final Amount due May 12, 2017
(includes fundraising credit)

Payment Plan C (could include some fundraising credit)

- \$50 due now
- \$40 due November 12
- \$30 due January 12
- \$57.50 due February 12
- \$57.50 due March 12
- \$57.50 due April 12
- \$57.50 due May 12

Cancellation Policy:

Please be aware of our policies regarding cancellations as follows:

- It sometimes becomes necessary to cancel a scheduled event due to low number, weather, or other extenuating circumstances. Please note that every attempt possible will be made to notify you of this cancellation. If an event is cancelled all fees will be fully reimbursed.
- Due to overwhelming demand and the need for advance planning, we require a definite commitment of participants. Therefore, all payments are nonrefundable. Failure to pay by the requested date will result in forfeiture of your spot(s) so we can accommodate, to the best of our abilities, any over-flow.
- Please be aware that these policies are in place so that we may be as fair as possible to all groups and so that we may prepare adequately for the participants who are able to attend.

Steubenville North Conference of Conduct/Intent:

Payment Options

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All registration fees (up to \$120) are nonrefundable. Fundraising credit can apply to a different event.

___ **Payment Plan A:** \$120 + fundraising credit (up to \$230)

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(includes fundraising credit)

___ **Payment Plan C** (could include some fundraising credit)

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___ \$40 due November 12

___ \$30 due January 12

___ \$57.50 due February 12

___ \$57.50 due March 12

___ \$57.50 due April 12

___ \$57.50 due May 12

I, _____, would like to participate in the Steubenville North Conference with
(Full Legal Name of Participant)

St. Katharine Drexel Parish in St. Paul, MN. These are the reasons I want to participate:

Deposit and Costs

I understand that the total cost for the Steubenville North Conference is \$350 (registered before May 1st) or \$375 (registered after May 1st) per participant. My total cost as a St. Katharine Drexel youth is the \$120 registration fee with participation in 23 hours of youth group fundraising. I will be given \$10 credit for each hour worked, up to 23 hours. **In order to reserve my spot on the trip, I have enclosed my \$120 non-refundable deposit or \$50 and a promise to pay the rest of the deposit before or on January 12th, 2017.**

Statement of Intent to Participate

I, _____, intend to participate in Steubenville North Conference with St. Katharine
(Full Legal Name of Participant)

Drexel Parish, I understand that in making arrangements for my participation there are advanced payments made on my behalf for lodging and other expenses associated with the conference, therefore refunds are not given.

Statement of Release

Upon participation I, _____
(Participant or parent of participant if under 18 years of age)

Grant permission for full participation in the above activities and all of its undertakings. I hereby give permission to take said participant to the doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery; and fully and completely assume responsibility for all medical bills. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I assume all responsibility and transportation costs.

Participant's signature _____ **Date** _____

Address _____ City _____ Zip _____

Student's Cell _____ Student's Email _____

Parent's Signature _____ **Date** _____
(If under 18)

Mother's Name _____ Father's Name _____

Cell Phone _____ Cell Phone _____

Parent's Email _____

**Catholic Diocese of Sioux Falls
Overnight Youth Event
Parental/Guardian Consent Form and Liability Waiver**

Event Name: Steubenville North Conference **Event Date(s):** July 28-30, 2017
Event Location: St. Paul, Minnesota **Event Host:** St. Katharine Drexel Parish

Participant's name: _____ **Parish:** St. Katharine Drexel Parish
Address: _____
Street/PO Box City/State Zip
Date of Birth: _____ **Age:** _____ **Gender:** F M **T-Shirt Size:** S M L XL XXL **Grade in School:** _____
Parent/Guardian's name: _____ **Relationship:** _____
Home phone: _____ **Cell phone:** _____ **Work phone:** _____
School Attending _____
Email Address: _____

I, _____, grant permission for my child, _____
Parent or Guardian's Name
 Child's Name
 to participate in the conference experience marked above during the corresponding dates of the activity and at the location listed above, understanding that if said event requires transportation to a location away from the parish site, such activity will take place under the guidance and direction of event employees.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor "participant".

I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns, to hold harmless and defend the Catholic Diocese of Sioux Falls, the sponsoring organizations, and the hosting organizations, their officers, directors and agents, chaperones, and representatives associated with the event, arising from or in connection with my child attending the event 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 Catholic Diocese of Sioux Falls, chaperones, and representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

I hereby give permission for images of my child, captured during the above named event, through video, photo and digital camera, to be used for the purposes of promotional material and publications within the Catholic Diocese of Sioux Falls, and waive any rights of compensation or ownership thereto.

Signature: _____ Date: _____
Parent or Guardian's Name (required)

Medical Health: I hereby warrant that to the best of my knowledge, my child, the above named "participant", is in good health, and I assume all responsibility for the health of my child.

Signature: _____ Date: _____
Parent or Guardian's Name (required)

Complete both sides of this form and return with the appropriate payment to the parish Youth Minister.

In the following information boxes containing statements pertaining to medical health, sign only those which are applicable to the participant.

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

Name & Relationship to participant (not parent): _____

Home Phone of emergency contact above: _____ Cell or Alternate Phone: _____

Family Doctor: _____ Phone: _____

Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

(Parent or Guardian's Name)

Medication:

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 as follows: _____

Signature: _____ Date: _____

(Parent or Guardian's Name)

OR

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: _____

(Parent or Guardian's Name)

OR

I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed by camp staff to be necessary and appropriate.

Signature: _____ Date: _____

(Parent or Guardian's Name)

Specific Medical Information: Reasonable care will be taken to see that the following information is held in confidence.

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

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does the child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting _____

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

Other special medical conditions: _____