

ONE
THING REMAINS

I HAVE LOVED YOU WITH AN
EVERLASTING LOVE; THEREFORE
I HAVE CONTINUED MY FAITHFULNESS
IN YOU. **JEREMIAH 31:3**

CATHOLIC YOUTH CONFERENCE Grades 6-12
NOVEMBER 12, 2016 Brookings, SD

Cost: \$45

{per student}

Lunch is provided

Bring money for merchandise

Schedule

6:45am — Meet at O’Gorman High School

7:30 am— Bus Leaves O’Gorman High School

9:00am — Conference Starts

6:00pm — Conference Ends

7:15pm— Bus Arrives at O’Gorman High School

7:30pm—All Kids must be picked up

SKD Youth Program

Hard Deadline: Sunday, October 30

Scholarships available. Please contact Annamarie for information.

FEATURING



JASON EVERT

**AN INTERNATIONALLY RECOGNIZED SPEAKER AND
AUTHOR OFFERING A COMPELLING MESSAGE ON
AUTHENTIC LOVE, RELATIONSHIPS & PURSUING VIRTUE.**

**AFTER CONVERTING TO CATHOLICISM IN 2008, NIC HAS
BEEN SPEAKING AND WRITING ABOUT THE JOYFUL
TRUTH HE FOUND IN THE CHURCH.**

NIC DAVIDSON



Youth Conference

Diocese of Sioux Falls – Brookings, SD

November 12th, 2016

7 a.m. to 7 p.m.

Registration Deadline: Sunday, October 30

Information regarding 2016 Youth Conference

- Registration fee of \$45 is due by October 30, 2016 to reserve a spot ****No exceptions****
- Registration fees are non-refundable
- The total cost for the Youth Conference is \$45 per participant.
- Participants include incoming 6th through 12th grade students (Fall 2016)
- Please turn forms and payment in to the St. Katharine Drexel Parish office
- Scholarships are available; please connect with Annamarie about information
- Questions please call Annamarie at 605-275-6870 or email sfskdyouth@gmail.com

Schedule

6:45am — Meet at O’Gorman High School

7:30 am— Bus Leaves O’Gorman High School

7:15pm— Bus Arrives at O’Gorman High School

7:30pm— All Kids must be picked up

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:

Liability Waiver

Payment

Code of Conduct

\$45 non-refundable deposit
(includes conference fee, bus fee & lunch)

Cancelation 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.

Additional Costs

- Money for snacks
- Money for merchandise
 - T-shirts will be sold specifically for the Sioux Falls Diocese
 - Other merchants will be there selling items that your kids might like

2016 Youth Conference Code of Conduct/Intent:

I, _____, would like to participate in the St. Katharine Drexel event in Brookings, SD to partake in 2016 Youth Conference. These are the reasons I want to participate:

(Full Legal Name of Participant)

Deposit and Costs

I understand that the total cost for the 2016 Youth Conference is \$45 per participant. My total cost as a St. Katharine Drexel youth is the \$45 registration. I understand that I am responsible for the cost of the event. In order to reserve my spot on the trip, I have enclosed my \$45 non-refundable deposit.

Statement of Intent to Participate

I, _____, intend to participate in the St. Katharine Drexel event in Brookings, SD; 2016 Youth Conference. I understand that in making arrangements for my participation there are advanced payments made on my behalf for travel, lodging and other expenses associated with the trip, therefore refunds are not given.

(Full Legal Name of Participant)

Participant's signature

_____ Date _____

Student's Cell _____ Student Email: _____

Statement of Release

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

_____ Date _____

Parents/Guardians Signature: (If participant is under 18)

Parent Information

Parents/Guardians Names:

Parents/Guardians Phone Numbers:

Parents/Guardians Emails:



PARENT/GUARDIAN CONSENT FORM & LIABILITY WAIVER

PARISH/SCHOOL: _____ **CITY:** _____

Activity : _____ **Type of Event:** _____

Date of Event: _____ **Time of Departure:** _____ **Time of Return:** _____

Location of Event: _____ **Mode of Transportation To/From Event:** _____

Group Leader for Event: _____ **Mobile Number:** _____

Participant's Name: _____

Date of Birth: _____ **Sex:** Male _____ Female _____

Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____ **Alternative Phone:** _____

I, _____ Parent/ Guardian grant permission for my child, _____ Participants' Name to participate in the parish event detailed above that requires transportation away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from the parish listed above. 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, or our heirs, successors, and assigns, to hold harmless and defend the parish/school listed above, its officers, directors, employees and agents, and the Catholic Diocese of Sioux Falls, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child's participation or attendance at the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents and the Catholic Diocese of Sioux Falls, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

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

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. 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 at the above numbers, contact:

Emergency Contact Name: _____

Relationship to Participant: _____ **Phone:** _____

Family Doctor: _____ **Phone:** _____

Health Plan Carrier: _____ **Policy #:** _____

Specific Medical Information:

Allergies (medication, foods, plants, insects, etc.): _____

Current Medications: _____

Other Special Medical Conditions: _____

Parent/Guardian Signature: _____ **Date:** _____