

2012 Steubenville Mid- America July 5th-9th, 2012 "The Eighth Day"

"The eighth day. But for us a new day had dawned: the day of Christ's Resurrection. The seventh day completes the first creation. The eighth day begins the new creation." - CCC #349

Space for this conference is *extremely* limited and spots fill up *very* quickly. Turn in your registration forms asap.

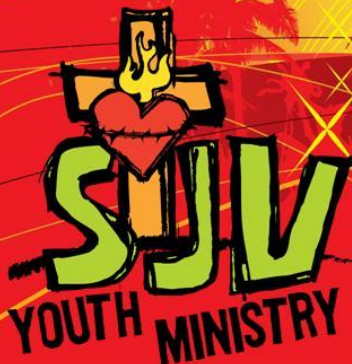
\$75 Deposit Due March 25

Total Cost: \$395

Payments may be made in Increments, however, the total fee must be paid no later than Sunday, May 27 2012.

"Fear Not, for I have redeemed you; I have called you by name: you are mine." - Isaiah 43:1

Because of the spiritual maturity needed to fully appreciate this event, priority is given to current high school students. In-coming freshmen will be evaluated on a case-by-case basis.



For more information contact
Kristin Wegenka in the Youth Office at
281-497-6665 or
kwegenka@stjohnvianney.org

What is a Steubenville Youth Conference?

A Steubenville High School Youth Conference is a resource that addresses the needs of today's Catholic youth. The conferences are organized on a national and regional level, with an exciting line-up of speakers, musicians, and presenters. The conferences will challenge the youth to stand firm in their faith, rely on the awesome power of Jesus Christ who is their guide, friend, and Savior, and to show that faith to the world. You can find out more at the following two websites.

<http://franciscanyouth.com/information/content/30/conferences-2012-theme>

<http://stlyouth.org/steubenville>

Where will this year's conference be held?

Our conference will be held on the beautiful campus of Missouri State University in Springfield, Missouri. Springfield is about three hours southwest of St. Louis near Branson, Missouri. MSU is a wonderful campus featuring the Juanita K. Hammons Hall where our main sessions will be held. The hall seats 2200 comfortably and is a state of the art performance hall. The breakout sessions will be nearby in the Student Union. All you can eat meals will be provided in Student Dining. There is a lot of green space for those times of group sharing, football, volleyball or just hanging out. Housing will be in student dorms (three to a room).

Where will we stay?

Housing will be onsite and will be dorm sleeping for participants and chaperones. Dorm housing will have two single beds in each room (three persons to a room). Linens are not provided in the rooms, each participant should bring sheets, sleeping bag, pillows, towels, washcloths, etc. All dorms have air conditioning.

How many adults will be present?

For the safety of the youth and for the good of all involved in the conference, each group is required to bring at least one but no more than three VIRTUS-trained adults per ten youth. All adult chaperones are expected to be with the youth throughout the conference. Chaperones will also stay in the same-sex campus dorm buildings as the youth, however, chaperones and teens will NOT be in the same room.

What should we pack?

Conference participants are expected to dress in a fashion that represents modesty and good taste. **Clothing must cover all undergarments and midriffs.** Bikini tops, low cut tops, mini-skirts, short shorts, or other inappropriate attire are not to be worn at any time during the conference. Clothing with vulgar or offensive language or obscene pictures will not be tolerated. Linens are not provided. Plan to bring sheets, sleeping bag, pillows, towels, washcloths, etc. All dorms have air conditioning. A more detailed packing list will be provided the closer we get to the conference date.

How will we get there?

We are teaming up with St. Ann Tomball, St. Martha, St. Luke, and St. Helen and splitting the cost of several buses through Coach America. We will leave late Thursday evening, July 5 and return early Monday morning, July 9. The cost of the bus is included in the fee.

**Archdiocese of Galveston-Houston / St. John Vianney Catholic Church
2012 Steubenville Mid-America – July 5-9, 2012**

**PARENTAL/GUARDIAN CONSENT, LIABILITY WAIVER AND MEDICAL
CONSENT**

Participant's Name _____ Date of Birth _____
Home Address _____
City _____ Zip Code _____
Parent/Guardian _____ Home Phone (____) _____
Alternate Phone Number: (____) _____ Cell Phone or Pager
Parent E-mail _____ Grade ____ Age ____ Sex ____
Teen's E-mail _____ T-Shirt Size _____

CONSENT & LIABILITY WAIVER

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.
If participant is 18 years of age or older, consent must be signed by the individual)**

I (name of parent/guardian) _____, grant permission for my child, (participant's name) _____, to participate in the Steubenville Mid-America Conference to be held at Missouri State University in Springfield, MO on July 5-9 with St. John Vianney Catholic Church. Transportation will be provided by private coach buses.

I agree on behalf of myself, my child's other parent if known or living (name of parent) _____. My child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Archdiocese of Galveston-Houston, St. John Vianney Catholic Church (its pastor, youth minister, other agents, etc.), St Luis OYM, Steubenville Conferences, the sponsoring parish (its pastor, youth minister, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless or negligent.

Signature (Parent/Guardian)

Date

Signature (Participant 18 years of age or older must sign own consent)

Date

VIDEO & PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event.

Signature (Parent/Guardian)

Date

MEDICAL CONSENT

Medical Matters

I hereby warrant 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 in accordance with your wishes:

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 even of an emergency and you are unable to reach me, contact:

Name & Relationship _____ Phone _____

Family Doctor _____ Phone _____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows

My child is taking the following medication at the present time.

Medication(s): _____ Dosage: _____

Administer: _____

_____ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information

(Archdiocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

Has had an episode the following or has been diagnosed: Seizures Asthma Diabetic

Allergic reactions to the following (foods, dyes, latex etc.) _____

Has had a medical surgery within the last six months? Yes No Still under doctor's care? Yes No

Has a medically prescribed diet? _____

The following physical limitations? _____

Immunizations current and up to date: Yes No Date of last tetanus/diphtheria immunization _____

You should also be aware of these special medical conditions of my child: _____

Insurance Information

(Please attach a copy of the Insurance Card, front and back, with this form)

No, I do not carry medical insurance at this time.

Insurance Carrier: _____

Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____ Day Phone: _____

Mother's Name: _____ Day Phone: _____

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself).

I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

Signature (Parent/Guardian) Parent/Guardian must sign for anyone under 18 years of age. **Date** _____

Signature (Participant 18 years of age or older must sign own consent) **Date** _____