

# 2013 Steubenville Mid-America

## July 11th-15th



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

\$80 Deposit Due March 17

Total Cost: \$385



Payments may be made in  
Increments, however, the  
total fee must be paid no  
later than  
Sunday, May 26 2013.

## **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.

## **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 JQ Arena (the Q) where our main sessions will be held. The arena allows 3500 participants and sits near all other venues, dorms and dining for the conference weekend. 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. Ignatius and splitting the cost of several buses through Coach America. We will leave late Thursday evening, July 11th and return early Monday morning, July 15th. The cost of the bus is included in the fee.

**Archdiocese of Galveston-Houston / St. John Vianney Catholic Church  
2013 Steubenville Mid-America – July 11-15, 2013**

**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 11-15 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** \_\_\_\_\_