

Holy Cross
Permission Form



Parental/Guardian Authorization
Franciscan University High-School Age Youth Conference
July 13—15, 2012

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in an event sponsored by Holy Cross.

(This conference is open to those entering their Sophomore year or Just Graduating)

Name of the retreat: **Franciscan University High-School Age Youth Conference.**

Destination: **Franciscan University of Steubenville, Steubenville Ohio**

Date and time of departure: **Friday, 5:30 AM (5AM Mass—Mandatory!)**

Date and anticipated time of return: **Sunday, 10 PM**

Chaperone in charge: **Patrick Haviland** Method of Transportation: **Charter Bus**

Cost: \$200.00 (which includes transportation, meals, the conference and group shirt.)

(If cost is a concern, just give us a call—scholarships may be available)

Extra Expenses: There will be opportunities to purchase books, posters, t-shirts and cd's at the conference. We will also be stopping at a fast food restaurant on the way back.

Deposit: To confirm a space, please enclose a deposit of \$40.00 (non-refundable)
(space is limited—first come first served)

I hereby consent to participation by my teen _____ in grade _____ in the event described above. I understand that this event will take place off the parish premises and that my teen will be under adult supervision. I further consent to the conditions stated above on participation in this event, including the method of transportation.

I hereby release and indemnify the Religious Education Program, its staff, volunteers and Holy Cross Church in Batavia, IL. and the Catholic Bishop of Rockford, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my teen's participation in this event.

I grant permission to the people in charge of this event and those transporting my child to and from the event to make the necessary referrals to qualified physicians for treatment of illness or accident. In case of medical emergency, I understand that every effort will be made to promptly contact the parent or guardian. In the event I can not be reached, I hereby give permission to the physician selected by the adult staff to hospitalize and/or secure proper treatment, if deemed necessary, for my child.

Signature of Parent/Guardian _____

Address, City, Zip _____

Phone: _____ Cell# _____

Teen E-Mail: _____

Parent E-Mail: _____

Authorized Physician _____ Phone: _____

Policy in the name of: _____

Insurance Company _____

Identification # and/or Social Security #: _____

T-Shirt Size of retreatant S M L XL XXL

It is **expected** that all teens going to Steubenville participate in the ministry throughout the year.



Youth Registration and Liability Release Form



Franciscan University of Steubenville's 2012 High School Youth Conferences

This entire page must be completed and legible for each youth to attend the conference! Please make sure a parent or legal guardian has signed this form on the designated signature line! Thank You!

REGISTRATION FORM – YOUTH PARTICIPANT

Registration Information:

Participant's Name _____ Birth Date _____

Name of Parent(s)/Legal Guardian(s) _____

Address _____ Year of Graduation _____

City _____ State _____ Zip _____ Phone # (____) _____

Gender: (circle one) F M Group Leader's Name _____

LIABILITY RELEASE FORM – YOUTH PARTICIPANT

Parent/Guardian Release

I, _____ (print name), give permission to my above named son/daughter to attend Franciscan University of Steubenville's High School Youth Conference to be held on _____ (dates). If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by appropriate health care personnel. I give my permission to Franciscan University of Steubenville and its agents to share and disclose health and medical information for the treatment and care of my child and to disclose this information to Chaperones who are responsible for my child. I release Franciscan University of Steubenville and its agents of all responsibility and consequences that may arise as a result of any injury suffered and resulting treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

By signing this form, I acknowledge that my child's Group Leader has informed me of the possible sleeping arrangements and conditions, and also of the list of recommended things my child should bring along to make their stay more comfortable. I understand these things are contained in the document 'On-Campus Group Registration Terms and Conditions', and that this document can be made available to me by my child's Group Leader who, I understand, has read this document in its entirety as a required condition of being a Group Leader at a Franciscan University High School Youth Conference.

My child agrees to abide by all the rules and regulations stated by Franciscan University of Steubenville and the conference staff. I understand that Franciscan University of Steubenville will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the conference at my expense.

X _____
SIGNATURE OF PARENT OR LEGAL GUARDIAN DATE _____

Medical Information

Family Physician _____ Phone # (____) _____

Allergies: _____

Current Medications: _____

Medical History: _____

Emergency Contact

In the case of an emergency, please contact:

Name _____ Home (____) _____

Address _____ Work (____) _____

This form is to be filled out by each Youth and parent/guardian.