

Preferences and deposits will be mailed on January 5th, 2007



**Permission Form
Parental/Guardian Authorization**

*July 13-15, 2007 1st Choice
June 15—17, 2007 2nd Choice*

Steubenville
Youth
Conference



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 (5:15 AM check in at Holy Cross)**

Date and anticipated time of return: **Sunday, 10 PM (per phone tree)**

Chaperone in charge: **Patrick Haviland**

Method of Transportation: **Charter Bus**

Cost: \$180.00 (which includes transportation, meals, the conference and group shirt.)

(If cost is a concern, just give us a call—scholarships are 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 \$30.00 (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 _____ Phone: _____

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 will participate in the ministry throughout the year