



Steubenville San Diego '16

Sign up now for a weekend that will change your life!

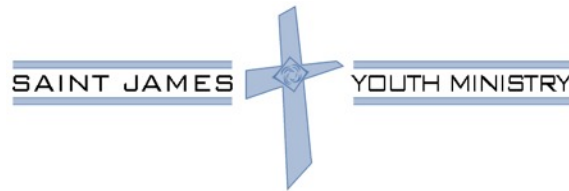
When: July 29-31, 2016

Where: University of San Diego

Cost: \$235 (includes t-shirt) due May 1

Other: It wouldn't be a youth group trip without having forms to fill out. There are 2 different forms for you to complete. Also, don't forget to tell us what size t-shirt you need.





625 S. Nardo Ave., Solana Beach, CA 92075 • Phone 858.755.2545 • Fax 858.755.3845

Parental/Guardian Consent Form & Liability Waiver

PARENTAL/GUARDIAN CONSENT FORM *PLEASE PRINT CLEARLY*

TEENS'S NAME (AND T-SHIRT SIZE): _____

PARENT/GUARDIAN'S NAME: _____

TEEN'S CELL PHONE: _____ TEEN'S E-MAIL: _____

PARENT/GUARDIAN'S CELL PHONE: _____

PARENT/GUARDIAN'S E-MAIL: _____

HOME PHONE: _____

I, the above name of parent or guardian, grant permission for my above named child, to participate in this parish youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance & direction of parish employees &/or volunteers from St. James & St. Leo Catholic Community. A brief description of the activity follows:

Type of event or activity:

**STEUBENVILLE SAN DIEGO
CATHOLIC YOUTH CONFERENCE**

Destination of event or activity:

UNIVERSITY OF SAN DIEGO

Individual in charge of and responsible: **Pat Villa**

Estimated time of departure and return: **July 29-31, 2016**

Mode of transportation to & from event: **Carpool**

As parent, and/or legal guardian, I remain legally responsible for any personal actions taken by the above named young person ("participant").

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 St. James & St. Leo Catholic Community, its officers, directors and agents, and the Diocese of San Diego, chaperones, or representatives associated with the event with respect to any and all actions, claims or demands that may be made or brought against the parish, its officers, directors and agents, and the Diocese of San Diego, chaperones, or representatives associated with the event, arising from or in connection with my child's attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of San Diego, chaperones, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature _____ Date _____



FOR OFFICE USE ONLY
FAMILY NAME _____
DATE RECEIVED _____
RECEIVED BY _____

MEDICAL RELEASE FORM

TEEN'S NAME _____ PARENT/GUARDIAN NAME _____

MEDICAL MATTERS: 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. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

Emergency Medical Treatment: In the event of any 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 any emergency, if you are unable to reach me at the above numbers, contact:

NAME & RELATIONSHIP: _____ PHONE: () _____

FAMILY DOCTOR: _____ PHONE: () _____

Family Health Plan Carrier: _____

Policy Number: _____

1) Signature _____ Date _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of San Diego, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charged reversed to myself).

2) Signature _____ Date _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications including dosage and frequency of dosage are as follows:

3) Signature _____ Date _____

No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required. **(no signature on line 5 is necessary if you authorize the treatment outlined in line 4 by your signature)**

4) Signature **(sign line 4 or 5 but not both)** _____ Date _____

I hereby grant permission for nonprescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed advisable. **(no signature on line 4 is necessary if you authorize the treatment outlined in line 5 by your signature)**

5) Signature **(sign line 5 or 4 but not both)** _____ Date _____

Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.) _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition:

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

MEDICAL/LIABILITY RELEASE FORM: TEEN PARTICIPANT
(ONE FORM MUST BE COMPLETED FOR EACH PERSON ATTENDING)

Event **Steubenville San Diego 2016 Conference**

Group Leader _____ Group (Parish/School) Name _____

Participant's Name _____ M/F ____ Grade ____ Year of Graduation ____

Date of Birth _____ Email _____ Future Major _____

Parents/Guardians (Mr. & Mrs.) (Mr.) (Ms.) First _____ Spouse _____ Last _____

Home Address _____ City _____ State ____ Zip _____

Parent Home Phone (____) _____ Parent Work Phone (____) _____

Parent Cell Phone (____) _____ Parent Other Phone (____) _____

Parent's Address, if different from Participants _____ City _____ State ____ Zip ____

In event of emergency, if you are unable to reach me at the above number, contact the following person (who may be able to reach me) Name _____ Relationship _____ Telephone # (____) _____

PARTICIPATION and RELEASE/ WAIVER OF LIABILITY and INDEMNITY AGREEMENT

- I give permission to the above named Participant ("my child") to attend Steubenville San Diego at the University of San Diego. I understand housing is in the dorms at University of San Diego and/or at San Diego State University and/or at University of California San Diego.
- My child and I have read and understood the expectations and guidelines from SSD-5 for this event and will cooperate with these rules. I understand that failure to comply may result in immediate dismissal of my child, with transportation home at my expense.

As parent or legal guardian, I am aware that the child for whom I am responsible, the "Participant" named above ("my child"), may, in the course of attending this conference utilize athletic facilities at University of San Diego ("USD"), University of California San Diego ("UCSD"), and/or the San Diego State University ("SDSU") and participate in athletic activities made available to conference participants (including but not limited to swimming, diving or wall climbing). I recognize that my child is voluntarily engaging in such activity, and is in no way required to do so in order to attend the conference.

In consideration for allowing my child to participate in this conference, and to partake in such athletic activities, and to use such facilities or equipment, I, on behalf of myself, my assignees, my child, and our heirs, executor/administrator or legal representatives, hereby agree to release All For God, Totus Pro Deo, Franciscan University of Steubenville ("FUS"), SDSU, UCSD, USD, Aztec Shops, Ltd, the Jenny Craig Pavilion, Associated Students, and their officers, directors, employees, agents, volunteers and representatives (together "The Released Parties") from any and all claims, loss, liabilities, actions, damages, costs or demands that we now or hereafter may have for any injury, loss or damage of any sort resulting in any fashion from my child's attendance at or participation in this conference.

I further hereby assume full responsibility for and risk of bodily or other injury, death or property damage due to the negligence of the Released Parties or otherwise while my child is attending the conference and/or while he/she is using the conference premises or any facilities or equipment during the conference.

The undersigned further expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I also agree to indemnify and save and hold harmless the Released Parties and each of them from any and all claims, loss, liability, damage, cost or demands they may incur due to the presence of my child at the conference or his/her participation at any athletic activities in conjunction with it, whether caused by the negligence of the Released Parties or otherwise. I agree to remain responsible and liable for my child's actions and conduct at this conference.

I understand and grant permission, unless noted below, that as a result of attending this conference, from time to time FUS and/or Totus Pro Deo may contact the participant through email. (optional: Please do not contact my child __)

I hereby grant permission to Totus Pro Deo and FUS the right to use, reproduce, and/or distribute photographs, films, videotapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of FUS and/ or Totus Pro Deo.

Parent Signature: _____ **Date:** _____

MEDICAL HISTORY PLEASE HAVE YOUR INSURANCE CARD WITH YOU AT ALL TIMES

Allergies: _____

Current Medications: _____

Medical History: _____

AUTHORIZATION FOR NON PRESCRIPTION MEDICATION check one box only

I hereby grant permission for conference staff and/or volunteers to give nonprescription medication (such as aspirin, throat lozenges, cough drops, etc) to my child, if deemed advisable.

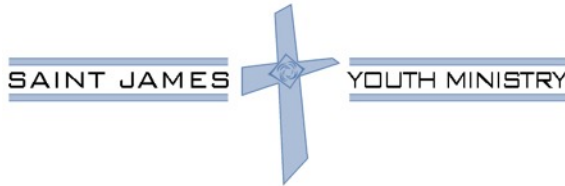
Or

I hereby DO NOT grant permission without my authorization for conference staff and/or volunteers to give nonprescription medication (such as aspirin, throat lozenges, cough drops, etc) to my child, if deemed advisable.

FIRST AID and EMERGENCY MEDICAL TREATMENT

- I understand that Totus Pro Deo will usually have a first aid area staffed by volunteer personnel during weekend conference event times in the Jenny Craig Pavilion. I authorize that staff to provide first-aid or medical care as deemed necessary or appropriate.
- I hereby give permission to the representatives of Totus Pro Deo, All For God, the Jenny Craig Pavilion, SDSU, UCSD, USD, FUS, their officers, directors, agents, employees, volunteers and representatives associated with this event and the event staff to transport my child to a hospital to receive emergency medical or surgical treatment.
- I relieve Totus Pro Deo, All For God, the Jenny Craig Pavilion, SDSU, USD, UCSD, FUS, their officers, directors, agents, employees, volunteers and representatives associated with this event and the event staff of all responsibility and consequences that may arise as a result of any such first-aid or medical treatment. I will not hold any of the above named parties liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of medical treatment.

Parent Signature: _____ **Date:** _____



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The 10 Commandments of Steubenville San Diego

As a willing participant of the **Steubenville San Diego**, I gladly agree to abide by the following rules so that the trip will be the best possible for me and all who are attending:

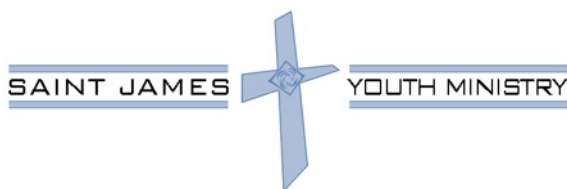
1. I will have fun!
2. I will be open to and aware of God working in me through my fellow teens, CORE Team and chaperones in my group, as well as the other teens at the conference.
3. I will abide by all requests for group control and order by the CORE Team, chaperones and conference staff.
4. I will not consume or bring alcohol or non-prescribed drugs at any time on this trip.
5. I will treat everyone in my group and all conference attendees and staff with the respect they deserve as my brothers and sisters in Christ, building them up with positive praise, and not engaging in put downs, or negative criticism.
6. I will wear my conference t-shirt during the designated time.
7. I will be conscious of the times I need to meet my group, so that by being on time, I will honor and respect all those (CORE Team, chaperones, conference staff, my parents) who want the best for me and want me to discover the thrill of knowing Christ.
8. I will be with a teen/CORE Team leader/chaperone at all times.
9. I will make time to take care of my body by eating and drinking lots of fluids so that I will be blessed with an amazing, fun and faith-filled weekend.
10. I will respect the property of my fellow teens, CORE Team and chaperones in my group, as well as the property at the University of San Diego.

NAME OF PARTICIPANT: _____

If I am unable to abide by these simple rules, I understand that I will be sent home immediately at my parents' expense.

Signed (Student) _____

Signed (Parent or guardian) _____



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WHAT SHOULD WE PACK?

DRESS CODE: We ask all participants at Steubenville San Diego to dress modestly. Clothing must cover all undergarments and midribs. No sagging, no low-cut tops, no short shorts, no clothing with offensive language or obscene pictures, etc.

What To Bring List

- A great attitude!
- Sleeping bag or sheets and blanket
- Pillow
- Jammies
- Towel
- Toiletries (soap, shampoo, toothbrush, paste, personal care items)
- Modest clothing – light weight - as it can be hot in San Diego
- Comfortable shoes, you will be walking
- Water Bottle
- Hat or visor if you are sensitive to the sun
- Sunscreen
- Light jacket, sweater, or sweat-shirt – it gets cool at night
- Flashlight
- Bible, prayer book
- Spending money for amazing gift shop 😊 (we have sweatshirts, t-shirts, hats, books, jewelry, key-chains, CDs, Bibles, rosaries, and more. The gift shop has to be seen to be believed!)
- If you are the third one in the room then bring an air mattress or cot. (Remember most rooms: 3 students per room with only 2 twin beds.)
- If your group has a lounge, apartment, or suite bring an extra air mattresses. Group leaders call us and we can give you the details.