



SFX Life Teen: Steubenville West 2017 Registration Packet

In this Packet:

1. Cover sheet, must check to make sure that your payment has been made online
 2. SFX Registration Form (Must be completed & Signed)
 3. Steubenville Liability Release Form (Must be completed & Signed)
- *** PLEASE RETURN COMPLETEDPACKETS TO THE PARISH OFFICE OR DANIELLE BURR.

Each summer, Life Teen hosts different Steubenville Youth Conferences with the hopes of strengthening and inspiring teens and youth groups in their collective journeys to Christ. Evangelistic in nature, these weekend conferences are both a great “introduction” to the Gospel message for new or younger teens, while offering deep and moving experiences of prayer and fellowship for Youth Group regulars.

Dates: Friday, July 14th thru Sunday, July 16th

Location: The University of Arizona, Tucson

Cost: 300.00

How to Pay: Go to sfxphx.com and click on “Youth” then click on “Life Teen.” You will be taken to the correct webpage. Please pay by debit or credit card on our website. No cash or checks please.

Teens Must Register and submit payment and paperwork by May 26th, 2017 (Deadline)

Questions, Contact Danielle Burr

Email: danielle.burr@sfxsj.org

Call: 602-212-4529



2017 Steubenville West Registration Form:

 First and Last Name of Teen Date of Birth Male Female

T-Shirt Size (adult) Have you registered for Life Teen: Yes No

XS S M L XL 2XL other:

I hereby consent to: _____
 (Name of Teen – please print)

participating in this program/event with the Life Teen Program of Saint France Xavier Parish:

I agree to direct my child to cooperate and conform to the directions and instructions of the supervisory personnel and group leaders in charge of this event.

I agree to come and pick my child up or arrange for his/her transportation should their behavior warrant their removal from this event.

I agree that in the event my child is injured as a result of his or her participation in this program / event including transportation provided by the program through negligence (active or passive) of the parish or any of its agents or employees recourse for the payment of any resulting hospital, medical or related cost and expense will first be had against any accident hospital or medical insurance or any available medical plan of mine or my spouse.

Does this child take any medications? Yes or No Please List:

I, _____ The Parent or Guardian

Of _____ due hereby give my permission for Medical Transportation and Treatment to be given to my child in case of a medical emergency. Further, I understand that these people may do whatever necessary to stabilize my child until I am contacted.

Physician: _____ Physicians Phone Number: _____

Insurance Carrier: _____ Plan Number: _____

Identification Number: _____

 Parent/Guardian (Print please) E-mail Phone Number:

Emergency Contact: _____
 First & Last Name Relationship to Teen Phone

 [Signature of Parent(s) or Guardian(s)] (Date)