

ST. FRANCIS XAVIER
LIFE TEEN

STEUBENVILLE WEST

July 13th - 15th, 2018

The University of Arizona
Tucson, AZ

COST: 250.00 PER PERSON

**PAYMENT & REGISTRATION
DUE BY
MAY 25TH, 2018**

St. Francis Xavier Life Teen: Steubenville West Conference 2018
Location: The University of Arizona in Tucson, AZ
July 13, 14 & 15th 2018

1. WHAT TO BRING:

- * Pillow/Bedding/Blankets or sleeping bag
- * Clothes for 3 days and Shower shoes
- * Comfortable Tennis Shoes
- * Bath Towels & Personal Care Products
- * Girls - Snacks TO SHARE
- * Boys - Drinks TO SHARE
- * Water Bottle (It will be Hot!)

2. WHAT NOT TO BRING:

- * Drugs or Alcohol or Weapons - your parents will be called to come pick you up if any of these items are found in your possession.

3. WHERE YOU NEED TO BE:

***Be at St. Francis Xavier: Friday, July 13th, 2018 at Noon, Meet us in the Life Teen House for Check in and Bus Boarding**

***Parent Pick-up: Sunday, July 15th, 2018 at 6pm after 5pm Life Teen Mass**

******Payment: The cost of this conference is 250.00 per teen due by May 25th, 2018 to the Parish Office******

Payment can be made by cash or check ONLY

YOU MUST:

- 1. Put the name of the Teen you are paying for on the envelope with your cash or check**
- 2. Return fee with the rest of the registration to the Parish office Attn: Danielle Burr**

REGISTRATION FORM Life Teen Steubenville West 2018

Teen's Name:
Teen's Date of Birth:
Teen's Grade:
Teen's High School:
Teen's Cell:

I _____ hereby authorize a responsible
(Parent or Guardian's Name) adult to dispense to my child if needed only the following that are initialed by
a parent or a guardian: Please initial all that apply...

- ___ Tylenol
- ___ Imodium AD
- ___ Topical Antiseptic
- ___ Midol
- ___ Ibuprofen
- ___ Pepto Bismol
- ___ Cold Medicine
- ___ Benadryl
- ___ Aspirin
- ___ Advil
- ___ Dramamine

For Administration Purposes Only:

Medicine: _____ Administered At: _____ By: _____

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PERMISSION SLIP, WAIVER & RELEASE ASSUMPTION OF RISK

In consideration of me (Teen's name), _____, being allowed to participate in any way in **St. Francis Xavier's July 13-15th, 2018, Conference** I agree: I understand the nature of this activity sponsored by **St. Francis Xavier**, (referred to as CHURCH) acknowledges my skills and limitations and believe I am qualified to participate in this **Conference**. If at any time during this **Conference** I feel conditions have become unsafe, I will discontinue further participation in the **Conference**.

1. I FULLY understand that: (a) this particular **Conference** does involve some risk in the transportation to and from and in the participation of the **Conference**, which could result in SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) these **Conference** and dangers may be caused by my own actions, or inactions or the actions or inactions of others participating in the **Conference**, the condition in which the **Conference** takes place or the NEGLIGENCE of the RELEASES named below; (c) there may be other risks and losses either not known by me or readily foreseeable at this time and I FULLY AND FREELY ACCEPT AND ASSUME ALL SUCH RISKS AND RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES incurred as a result of my participation in this **Conference**.
2. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO HOLD HARMLESS the **CHURCH** and the **Diocese of Phoenix**, their respective administrators, ministers, volunteers and employees, other participants and if applicable (each considered a RELEASES) from all liability, claims, losses, or damage on account caused or alleged to be caused in whole or in part by the RELEASES.
3. By signing and providing the insurance information below, (a necessity in order to participate in this **Conference**) and in the event of sickness or injury, I (the parent or guardian if under 18) authorize and consent to any x-ray procedure, anesthetic and/or medical, dental or surgical diagnosis and procedure including hospital care rendered to me (named above) under the general and specific supervision and on the advice of any physician, dentist or surgeon licensed to practice medicine in Arizona. I further understand that any procedure not covered by the below mentioned insurance is my responsibility and mine alone.
4. By signing this agreement, I/We acknowledge that I/We have read this agreement and fully understand its implications and do sign it freely and without inducement.

Printed Name of Parent/Guardian:

Signature of Parent/Guardian:

Date Signed:

Printed Name of Participant (Teen):

Signature of Participant (Teen):

Date Signed:

PLEASE PRINT CLEARLY

Teen's Home Address: _____

Teen's Parent/Guardian Phone Number: _____

Insurance Company and Policy Number: _____

Physician's Name and Telephone: _____

Any **Medical Condition** we should know about (Allergies, Asthma, Heart/Lung Problems, etc.)

Please name any prescription medication that you are currently taking and how often.

Date of Last Tetanus Shot

If Parent is unreachable, contact: _____

Phone: _____

Relationship to Teenager: _____

Parent/Guardian Signature: _____

PARTICIPANT'S INFORMATION:

REGISTRATION TYPE: Group Leader Chaperone Youth

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE #: _____

EMAIL: _____

BIRTH DATE: _____ GENDER: M F

GRADE ENTERING: 9 10 11 12 JUST GRAD.

DIETARY RESTRICTIONS/FOOD ALLERGIES: _____

EMERGENCY CONTACT:

NAME: _____

PHONE #: _____

RELATIONSHIP TO PARTICIPANT: _____

HEALTH INFORMATION:

DOCTOR: _____

DOCTOR PHONE #: _____

HEALTH INSURANCE?: YES NO

If yes:

INSURANCE CO.: _____

INSURANCE ID #: _____

INSURANCE GROUP #: _____

CARDHOLDER'S NAME: _____

MEDICINAL ALLERGIES: _____

CHRONIC MEDICAL PROBLEMS OR PHYSICAL RESTRICTIONS

(e.g. diabetes, depression): _____

CURRENT MEDICATION & DOSAGE (prescription & over the counter): _____

REASON FOR CURRENT MEDICATION: _____

Life Teen may administer the following over the counter medication to this participant (please check all that may be taken):

- Tylenol/Acetaminophen Motrin/Ibuprofen
 Benadryl/Dephenhydramine HCL Cough Drops
 Tums/Mylanta/Antacid

WAIVER:

I, _____, am either an emancipated adult or the parent or guardian of a minor child who will be participating in the Life Teen Steubenville West. I am fully aware that my own/my child's participation in Steubenville West is totally voluntary. In consideration of Life Teen's agreement to permit me/my child to participate in Steubenville West, the receipt and sufficiency in which consideration is hereby acknowledged, I agree as follows:

I, individually, and on behalf of my minor child, if applicable, and our respective heirs, successors, assigns and personal representatives, hereby:

1. Release, acquit and forever discharge Life Teen, Steubenville West, Franciscan University of Steubenville, and the site organization(s) and their employees, agents, servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability whatsoever for any and all damages, losses or injuries to persons or property or both which arise out of, during or in connection with my/my child's participation in Steubenville West which may be sustained or suffered by me/my child or any person in connection with my/my child's association with, or participation in, activities at, sponsored by, or arising out of my/his/her travel to or from Steubenville West;
2. Agree to indemnify, defend and hold harmless Life Teen, Steubenville West, Franciscan University of Steubenville, and the site organization(s) and their employees, agents, servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability, loss or damage they incur or sustain as a result of any claims, demands, actions, causes of action judgments, costs or expenses, including attorneys fees, which result from arise out of relate to my/my child's participation in Steubenville West including my/his/her travel to or from Steubenville West.

I hereby acknowledge and accept that:

1. There are certain risks arising from various activities, including but not limited to bodily injury, that could result from my/my child's participation in Steubenville West. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of Life Teen's permission to allow me/my minor child to participate in Steubenville West;
2. My and, if applicable, my child's personal property is at my risk entirely;
3. Life Teen reserves the right to decline to accept or retain me/my child in Steubenville West at any time should my/his/her actions or general behavior impede the operation of Steubenville West or the rights or welfare of any person. I understand that I/my child may be required to leave Steubenville West in the sole discretion of Life Teen's agents and representatives. In such an event, no refund will be made for any unused portion of Steubenville West. I understand that Life Teen, in its sole discretion, reserves the right to cancel Steubenville West or any aspect thereof prior to commencement.

I represent and warrant that I am/my child is covered throughout Steubenville West by a policy of comprehensive health and accident insurance which provides coverage for injuries which I/he/she may sustain as part of my/his/her participation in Steubenville West or that we accept full responsibility for any and all expenses that are incurred due to injuries which I/he/she may sustain as part of my/his/her participation in Steubenville West. I agree to complete the HEALTH INFORMATION above to the best of my ability and, by its completion, I hereby release and discharge Life Teen, Steubenville West, Franciscan University of Steubenville, and the site organization(s) of all responsibility and liability for any injuries, illnesses, medical bills, charges or similar expense/he/she may incur while participating in Steubenville West. By completing the form, I hereby authorize Life Teen to obtain any necessary medical treatment to myself/ my child, consent to any necessary examination, treatment, or care under the supervision and/or advice of any properly licensed medical professional and explicitly authorize Life Teen to release medical information about me/my child to any person or entity to whom Life Teen refers me/my child for medical treatment.

I agree that this Agreement is to be construed pursuant to the laws of the State of Arizona and is intended to be as broad and inclusive as permitted by law, and if any portion hereof is held invalid, it is agreed that the balance hereof shall continue in full legal force and effect. In addition, I agree that any legal action arising out of or in relation to this Agreement must be brought in a Maricopa County, Arizona court.

I hereby grant to Life Teen, Steubenville West, Franciscan University of Steubenville, and the site organization(s) my consent without reservation to use, assign, convey, reproduce, copyright, publish or sell my/my child's name, voice, image, and/or likeness that arises from his/her participation in Steubenville West, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at Life Teen's sole discretion.

In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights as well as, if applicable, those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Signature: _____

(must be signed by parent/guardian if participant is a minor)

Print Name: _____

Dated: _____