

# STEUBENVILLE NORTH

Friday, July 16 - Sunday, July 18

*"The Word became flesh and dwelt among us, full of grace and truth; we have beheld his glory as of the only Son from the Father."*

*John 1:14*



## Steubenville North Conference:

*Is held at the Rochester Civic Center and includes a weekend full of dynamic speakers, great music, opportunities for Mass, Confession, and Adoration, and of course, lots of fun and friends. You don't want to miss this life-changing weekend! We'll be staying in a hotel close to the Civic Center too! For more information about the conference, visit [www.partnershipforyouth.org](http://www.partnershipforyouth.org) and click on the Steubenville North Rochester link on the right hand side to read more about the speakers, to hear the theme song, and more!*

## Registration Instructions:

1. Go to <https://www.registerpromotions.com/partnershipforyouth/> ; Log-in or Create New Account
2. Select "Immaculate Conception Church Watertown, MN-Michelle Davis"
3. Print/Sign Liability Form and return Form & \$50 non-refundable deposit to Michelle by Sunday, March 21st. Checks payable to : Immaculate Conception Church

## Important Information

- **WHO:** Students who are currently in grades 8-12 are invited to attend
- **COST:** The total cost for Participants for the weekend is **\$150**. This includes food, transportation, lodging, and the conference. **\$50 non-refundable deposit due upon registration.**
- **DEADLINE:** Spaces are limited, so please register early! **Registration deadline is Sunday, March 21<sup>st</sup> with \$50 non-refundable deposit.**
- **FINAL PAYMENT:** Non-refundable payment of \$100 due at **deadline on Sunday, April 4th!!!**
- **SCHOLARSHIPS:** Scholarships are available and due by **Wednesday, March 9th**, go to [www.partnershipforyouth.org/docs/scholarship.pdf](http://www.partnershipforyouth.org/docs/scholarship.pdf) for more details.
- **KICK-OFF:** Please join us for our kick-off at Immaculate Conception Church in Watertown on Wednesday, June 9th from 6:00 – 8:00 pm.
- **TIME:** We will leave on Friday, July 16th at 10:15 am and return Sunday, July 19th at 3:45 pm.
- **QUESTIONS?** Contact Michelle Davis @ 952-297-4320 or [stbonibunch@gmail.com](mailto:stbonibunch@gmail.com)

# Steubenville North Conference

## PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Student/Participant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/ Business Phone \_\_\_\_\_

Date of Event	Wednesday, June 9, 2010	Wednesday, July 15 – Sunday, July 19, 2009
Type of Event	Kick-Off Night for the Trip	Steubenville North Conference
Destination	Immaculate Conception Church, Watertown	Rochester Civic Center (staying at the Radisson in Rochester, MN)
Individual in Charge	Michelle Davis	Jessica Soden
Activities	Games, supper, prayer, and more.	Steubenville North Conference in Rochester including, but not limited to: Great Speakers, Mass, Confessions, Adoration, Great Music and more.
Estimated Departure Time	5:45 pm	10:15 am Friday, July 15th
Estimate Time of Return	8:15 pm	3:45 pm on Sunday, July 18
Mode of Transportation	Carpool	Bus & Carpool
Student Cost	Free	\$150

I, \_\_\_\_\_, grant permission for \_\_\_\_\_  
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the Church of St. Boniface/Immaculate Conception Church and the Archdiocese of St. Paul & Minneapolis/Diocese of Winona from any claims or law suits brought against the named churches and dioceses by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the named churches and dioceses in defense of such a claim/suit.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact

\_\_\_\_\_  
Name Phone Number

**OPTIONAL MEDICAL INFORMATION:**

Medication my child is taking at present \_\_\_\_\_

Family Health Plan carrier number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

\_\_\_\_\_  
Signature Date

\*\*\*PLEASE INCLUDE A COPY OF YOUR CHILD'S INSURANCE CARD\*\*\*  
 \*\*\*Registration form due no later than Sunday, March 21, 2010\*\*\*