



# *Youth Participant Expectation Agreement*

## *Franciscan University of Steubenville's*

### *2010 High School Youth Conferences*



Each participant is expected to adhere to the following principles while attending the On-Campus Steubenville Youth Conferences in Steubenville, Ohio:

#### SHOW LOVE AND RESPECT FOR GOD:

1. Pray daily for self and others.
2. Receive the Sacraments.
3. Participate in the activities.
4. Be open, flexible, and have a servant's attitude.
5. Represent God in your words and actions.

#### SHOW LOVE AND RESPECT FOR SELF:

1. This is a "no smoking" weekend.
2. Responses from past conferences, from both sexes, have requested that the opposite sex dress with modesty. Bare mid-ribs, spaghetti straps, short-shorts low cut tops, or guys without shirts are not to be worn at any time during the conference. Remember that you are a temple of the Holy Spirit. Present yourself accordingly.
3. For safety reasons, shoes are to be worn at all times.
4. Drink plenty of water, obey sleeping times, and make sure you eat all meals. This will allow you to participate and not be tired.
5. Any CD's or music you bring should glorify God.
6. Come to all scheduled sessions and if you must leave an activity, adult chaperones should accompany you since they are responsible for you.

#### SHOW LOVE AND RESPECT FOR OTHERS:

1. Be safe. No horseplay or other potentially harmful actions. Leave pocketknives, lighters, or other hazardous materials at home.
2. All words and actions you use should build up others and not injure.
3. No teenagers are allowed to drive to or from the conference due to limited parking and liabilities.
4. The facilities must remain clean and undamaged. Otherwise, you will personally be responsible to pay for the damage.
5. Outside visitors to the conference are not allowed.
6. Make sure that your actions during the activities do not distract others from hearing, seeing, or praying.
7. Allow others to sleep. "Lights Out" means that it is time to go to sleep. You should not be in the showers or halls after "Lights Out".

I have read, understand and agree to the above principles.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This form is to be filled out by each Youth



# Youth Registration and Liability Release Form



## Franciscan University of Steubenville's 2010 High School Youth Conferences

This entire page must be completed and legible for each youth to attend the conference! Please make sure a parent or legal guardian has signed this form on the designated signature line! Thank You!

### REGISTRATION FORM – YOUTH PARTICIPANT

Registration Information:

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name of Parent(s)/Legal Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ Year of Graduation \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Gender: (circle one) F M Group Leader's Name \_\_\_\_\_

### LIABILITY RELEASE FORM – YOUTH PARTICIPANT Parent/Guardian Release

I, \_\_\_\_\_ (print name), give permission to my above named son/daughter to attend Franciscan University of Steubenville's High School Youth Conference to be held on \_\_\_\_\_ (dates). If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by appropriate health care personnel. I give my permission to Franciscan University of Steubenville and its agents to share and disclose health and medical information for the treatment and care of my child and to disclose this information to Chaperones who are responsible for my child. I release Franciscan University of Steubenville and its agents of all responsibility and consequences that may arise as a result of any injury suffered and resulting treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

My child agrees to abide by all the rules and regulations stated by Franciscan University of Steubenville and the conference staff. I understand that Franciscan University of Steubenville will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the conference at my expense.

X \_\_\_\_\_ DATE \_\_\_\_\_

**SIGNATURE OF PARENT OR LEGAL GUARDIAN**

**Medical Information**

Family Physician \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical History: \_\_\_\_\_

**Emergency Contact**

In the case of an emergency, please contact:

Name \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

This form is to be filled out by each Youth and parent/guardian.