



Open to incoming high school freshmen all the way up to graduating high school seniors!  
(That means you, 8<sup>th</sup> graders!)

Early bird registration deadline: March 31<sup>st</sup>

Fee: \$335, \$350 due after March 31

*Scholarships are available, and we will do a fundraiser in June to help cover costs as well.*

Make checks out to Mary, Queen of Peace

Young adults who have attended and been asked later,

"What was the most impactful part of your high school youth ministry experience?"

Almost all will say, it was Steubenville!!!

**Don't miss this** life changing weekend! Sign up today!

Promo video: <https://bit.ly/2Hv6EM9>

Please turn in this form AND register online: <https://bit.ly/2VZBLDC>

## PARENTS:

We would love for you to chaperone and enjoy this experience with your child!

- ☐ CAN CHAPERONE
- ☐ IS SAFE ENVIRONMENT TRAINED

## 2019 STEUBENVILLE NORTHWEST

### YOUTH PRE-REGISTRATION FORM (All data must be entered online to be officially registered)

Please return form and check to MQP parish office to Chelsea Smith & register online by **May 31<sup>st</sup>**.

Online registration: <https://bit.ly/2VZBLDC>

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DAY PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_@\_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ MALE ☐ FEMALE ☐ T-SHIRT SIZE \_\_\_\_\_

HOW MANY STEUBENVILLE CONFERENCES HAVE YOU ATTENDED? \_\_\_\_\_

HIGH SCHOOL GRADUATION 2022 ☐ 2021 ☐ 2020 ☐ 2019 ☐ 2018 ☐ Before 2018 ☐

CONSIDERING MAJOR IN...

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Not planning on attending college | <input type="checkbox"/> Accounting                   | <input type="checkbox"/> Anthropology                    | <input type="checkbox"/> Biology           |
| <input type="checkbox"/> Business                          | <input type="checkbox"/> Catechetics                  | <input type="checkbox"/> Chemistry                       | <input type="checkbox"/> Classics          |
| <input type="checkbox"/> Communications                    | <input type="checkbox"/> Computer Information Science | <input type="checkbox"/> Computer Science                | <input type="checkbox"/> Drama             |
| <input type="checkbox"/> Education                         | <input type="checkbox"/> Engineering                  | <input type="checkbox"/> English                         | <input type="checkbox"/> French            |
| <input type="checkbox"/> German                            | <input type="checkbox"/> History                      | <input type="checkbox"/> Humanities and Catholic Culture | <input type="checkbox"/> Mathematics       |
| <input type="checkbox"/> Music                             | <input type="checkbox"/> Nursing                      | <input type="checkbox"/> Philosophy                      | <input type="checkbox"/> Political Science |
| <input type="checkbox"/> Psychology                        | <input type="checkbox"/> Social Work                  | <input type="checkbox"/> Sociology                       | <input type="checkbox"/> Spanish           |
| <input type="checkbox"/> Theology                          | <input type="checkbox"/> Youth Ministry               | <input type="checkbox"/> Other/Undecided                 |  |

DIETARY NEEDS

☐ Vegetarian ☐ Gluten-Free ☐ Vegan (dairy-free, egg-free, nut-free) ☐ Food Allergies (elaborate below)

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PARENT/GUARDIAN

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_@\_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

RELATIONSHIP TO EMERGENCY CONTACT \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

ALLERGIES OR OTHER MEDICAL CONCERNS \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_

### PARENT/GUARDIAN RELEASE

I, the undersigned, do hereby release, forever discharge, and agree to hold Steubenville Northwest, Franciscan University of Steubenville, and the site organizations harmless from any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever, which may be incurred or suffered by the undersigned and/or participant while attending the above activity. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expenses arising from the undersigned and/or participant's participation in all activities, including recreation and work activities involved in the above activity. In addition, I authorize and grant permission to furnish all necessary transportation, food, lodging, and medical treatment for the undersigned and/or participant. I give permission for diagnoses, treatment, and prescription of medication in accordance with standard medical practice by appropriate health care personnel. I release Steubenville Northwest, Franciscan University of Steubenville and the site organizations 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, acquiring, and/or providing medical treatment. By signing this form, I acknowledge that my child's Group Leader has informed me of the possible sleeping arrangements and conditions, and also of the list of recommended things my child should bring along to make his/her stay more comfortable. I further hereby agree to indemnify and hold Steubenville Northwest, Franciscan University of Steubenville, and the site organizations, and their respective members, directors, employees, volunteers, and agents (collectively, the "Indemnitees") harmless from and against any and all claims, demands, actions, lawsuits, damages, and liabilities, including attorney's fees and expenses sustained by the indemnitees as the result of the negligent, willful, or intentional acts of the undersigned and/or participant. Furthermore, I understand that Steubenville Northwest, Franciscan University of Steubenville, and the site organizations will not be liable if the undersigned and/or participant fails to cooperate with the rules and that any infraction of the rules may result in immediate dismissal from the conference at my/our own expense. I hereby grant to Steubenville Northwest, and Franciscan University of Steubenville my consent without reservation to use, assign, convey, reproduce, copyright, and/or publish, my child's name, voice, image, and/or likeness that arises from his/her participation in the above event, whether still or motion pictures, audio or video tape, for promotional, instructional, business, or any other lawful purposes, at Steubenville Northwest's or Franciscan University of Steubenville's sole discretion. If the participant is now and will be under 18 years of age at the time of the conference: I, the parent or legal guardian, hereby agree to all of the foregoing on behalf of the participant and grant permission for the participant to fully participate in the above activity and all its undertakings. Through me, the minor agrees to abide by all of the rules and regulations stated by Steubenville Northwest, Franciscan University of Steubenville, and the site organizations and conference staff.

If the participant is now or will be 18 years of age at the time of the conference: I, the participant, hereby agree to all of the foregoing on behalf of myself and grant permission for myself to fully participate in the above activity and all its undertakings. I agree to abide by all of the rules and regulations stated by Steubenville Northwest, Franciscan University of Steubenville, and the site organizations and conference staff. As parent/legal guardian of a minor participant OR as an 18 year old participant, I sign this Agreement acknowledging and representing 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.

**I, the parent/guardian of the participant named above, have read the above waiver and agree to all the terms listed.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# PARENT/LEGAL GUARDIAN PERMISSION SLIP

## PARTICIPANT INFORMATION

Full name: \_\_\_\_\_  
Age: \_\_\_\_\_ Grade/School: \_\_\_\_\_ Home & Cell phone #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Parent/Guardian name(s) (please print): \_\_\_\_\_  
Email: \_\_\_\_\_

## PARENTAL AUTHORIZATION

Dear Parent or Legal Guardian:

Your son/daughter/individual under your guardianship is eligible to participate in an activity that requires transportation away from the parish site.

This activity will take place under the guidance and direction of parish/school staff from Mary, Queen of Peace  
Name of parish/school

## DESCRIPTION OF ACTIVITY

Event: Steubenville Northwest at Gonzaga University  
Location: INB Performing Arts Center, 334 W. Spokane Falls Blvd., Spokane, WA 99201  
Person in charge: Zoltan Abraham – MQP Staff  
Date of event: July 26, 2019 Time of departure: 8:30 am (St. Joe's)  
Date of return: July 28, 2019 Time of arrival: 6:00 pm  
Mode of transportation to/from event: Charter bus – leaving from St. Joe's in Issaquah

If you desire your son/daughter/individual under your guardianship, to participate in this particular event, **please complete, sign and return the following statement of consent and release of liability by** May 31<sup>st</sup>, 2019.  
date

I hereby consent to participation by \_\_\_\_\_, my son/daughter/individual under my guardianship, in the event described above. I fully understand that this event will take place away from the parish grounds and that my child will be under the supervision of the designated staff and/or volunteers on the stated dates. I understand that such an undertaking involves an element of risk. I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Corporation of the Catholic Archbishop of Seattle, staff, volunteers, and drivers from any and all liability that may arise out of participation in this activity. I also give consent for emergency medical treatment if necessary. I do request that, if possible, I be contacted prior to treatment. As parent/legal guardian, I remain fully responsible for any legal responsibility which may result from any personal actions taken by the named participant. Finally, my child and I have read and understand fully the attached Code of Behavior for Youth Participants in Events and Activities sponsored by the Catholic Archdiocese of Seattle. Finally, I give permission for my child to be photographed, and for MQP to use these photographs for the purpose of sharing our experience with the greater parish community, as well as promoting future events.

I consent further to the conditions stated above, including the method of transportation.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone #: Day: \_\_\_\_\_ Night: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Telephone #: Day: \_\_\_\_\_ Night: \_\_\_\_\_

Allergies or Medical Concerns: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

EXPECTATIONS FOR YOUTH PARTICIPANTS



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 yourself

- 1. This is a “no smoking” weekend. All state laws governing alcohol, drugs, and tobacco will be strictly enforced. Possession or consumption of alcohol and drugs is not permitted at any time during the conference. ABSOLUTELY NO MARIJUANA CONSUMPTION ALLOWED by any age participant.
- 2. Drink plenty of water, obey sleeping times, and make sure you eat all meals. This will allow you to fully participate and not be tired.
- 3. Remember that you are a Temple of the Holy Spirit. Present yourself accordingly.
- 4. If you must leave an activity, your adult chaperone must accompany you.
- 5. Dress modestly – Clothing must cover all undergarments and midribs. Bikini tops, low-cut tops, mini-skirts, short shorts, and shirts with vulgar language are not allowed.

Show love and respect for others

- 1. Be safe. No horseplay or other potentially harmful actions. Leave pocket knives, lighters, or other hazardous materials at home. No skateboards, iPods, laptops, or rollerblades.
- 2. All words and actions you use should build up others and not injure.
- 3. No teens are allowed to drive to or from the conference.
- 4. The facility must remain clean and undamaged.
- 5. No outside visitors at the conference, please.
- 6. All aisles and the stage area must remain clear for safety reasons. Remain in your youth group’s area at all times.
- 7. Make sure that your actions during the activities do not distract others from hearing, seeing, or praying
- 8. Allow others to sleep. “Lights Out” means that it is time to sleep. Do not be in the showers or halls after this time.

Consequence Policy

All youth are expected to follow the above outlined expectations, directions of Conference staff, Convention Center staff, and Gonzaga University staff. Any instances of transgression of these policies, lack of cooperation, or insubordination will be subjected to appropriate discipline and/or fines. Failure to comply may result in immediate dismissal of the participant, at the expense of the individual.

+++++  
I have read, understand, and agree to follow the above expectations while participating at the Steubenville Northwest Youth Conference.

Signature of Youth Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Youth’s Parent \_\_\_\_\_ Date \_\_\_\_\_

—This form should be kept on file by the Group Leader or parish Youth Minister—