

Saturday,
June 1, 2024



Diocese of Joliet One Day Steubenville

Lewis University, Romeoville, IL

Time: 8 am - 6 pm Bus leaves from St. Scholastica

Cost is \$50 per person Due by January 21

Open to Current 7th & 8th Graders & High School Teens



Katie Prejean McGrady



Mass with
Bishop Ronald Hicks



Oscar Rivera



Musician Sonar Worship

Great speakers, fun music,
Adoration & Mass

This is the Required Faith Day for Confirmation

Return Form to Jennifer in the Parish Office

Contact Jennifer Olson for more info:

youthministry@stscholasticaparish.org

630-885-6439

Permission Form is On the Back



ST. SCHOLASTICA & CHRIST THE SERVANT S.T.O.R.M. YOUTH MINISTRY STEUBENVILLE CONFERENCE JUNE 1, 2024 PERMISSION FORM

Participant's Name: _____ Birth Date: _____ Age: _____ (Circle): M F
 Address: _____ City, State, Zip: _____
 Parent Name: _____ Cell #: _____
 Parent Name 2: _____ Cell #: _____
 Parent Email: _____ Teen Email: _____
 Teen Cell #: _____ School: _____ Grade: _____

GENERAL PERMISSION FORM

I request that my child, _____, be allowed to participate in the Youth Ministry Steubenville Conference at Lewis University in Romeoville, Illinois on Saturday, June 1, 2024. I hereby release and indemnify my parish, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Parish: St. Scholastica and the Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation in the trip.

Code of Behavior

I acknowledge that I am representing our diocese/parish during this event, and I will represent us well. I will adhere to all Diocesan Guidelines and display responsible, mature, and respectful behavior in my words, actions, and usages.

Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate respect and common courtesy at all times. Inappropriate language/behavior/conduct will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the values of modesty and respect, and inscriptions and images on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverages is prohibited.
6. The possession of any illegal substances is prohibited and subject to legal action.
7. Smoking, vaping, e-cigarettes, smokeless tobacco, and cannabis in any form are prohibited.
8. Weapons and/or drug paraphernalia are prohibited.

Infraction of these rules can mean immediate dismissal with no refund. I understand and agree to the Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal my guardians (if under the age of 18) will be notified and/or I will be responsible for any and all costs related to the participants dismissal from activities and any all costs assessed by local authorities

Parent/Guardian Initial _____ Participant Initials _____

T-Shirt Size (Circle): S M L XL XXL Other _____

Teen Signature: _____ Date _____

Parent Signature: _____ Date _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child, _____, by the people in charge of the event and those transporting my child to and from the event as their judgement deems advisable and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay of such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery if deemed necessary for my child.

Allergic to medication? NO YES (circle one)

If YES, please describe: _____

Allergic to Other: _____

Other Conditions: _____

Food Requirements: _____

INSURANCE INFORMATION

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____

Authorized Physician: _____

Phone #: _____

VIDEOTAPING, PHOTOGRAPHS AND VIRTUAL PLATFORMS

Video, and photos may be taken during this event. This authorization form constitutes permission for my child's participation in the video and/or photos, which may be used for future promotional efforts, including the Parish or Diocese of Joliet website. Additionally, this form constitutes permission to participate in virtual platforms such as Zoom, Google, Seesaw, Flocknote, etc. for the purpose of programmatic content.

Emergency Contact - In case of Emergency, contact:

Name & Relation: _____
 Phone: _____