

Dear Parents,

We very excited that your son/daughter has decided to participate in our Steubenville Youth Conference “Limitless”, which is being held June 19-21. We pray your son/daughter will have their faith enriched by this conference.

Required for completed registration– ALL DUE BY **June 1**:

- ☐ Holy Family Permission form (attached)
- ☐ Steubenville Youth Registration and Liability Release form (attached)
- ☐ Check for Conference Fee (*non-refundable*) \$165.00 for payment in full or contact the Faith Formation office to make payment arrangements
- ☐ Medical Release **This medical release must be notarized because the event takes place out of the state.** If you registered for CFF in 14-15 and have a medical release on file, please contact Mary in the CFF office at 891-8867 x230 to have your form notarized.

### **Steubenville Youth Conference Information**

**Transportation:** Provided by Charter bus from Holy Family Parish

**Location and Time (TBD) of Departure and Return:** Holy Family Parish

- Depart on Fri. 6/19
- Return on Sun. 6/21

**Sleeping Accommodations:** All will sleep in gender separate areas.

**Meals:** Meals are provided during the event. \*Money is needed for meals while traveling to and from the conference. (\$30 is suggested)

**Here's what to bring:**

- Snacks to share on the bus ride
- Bedding/pillow
- Towel and toiletries
- Fan (optional - some rooms do not have air conditioning)
- Sunscreen
- Modest clothing
- Sweatshirt or jacket
- Bible
- Rosary
- Notebook and pen
- Day bag/backpack
- Spending money for retreat souvenirs and snacks (optional)

**Personal Electronics Policy:**

Cell phones are allowed with limited use. Other personal electronics should be left at home. Holy Family and the Conference are not liable for loss or damage. Misuse of devices may result in confiscation until the end of the event.

**Conference Location:**

Franciscan University,  
1235 University Blvd., Steubenville, Ohio 43952  
[www.fransicanyouth.com](http://www.fransicanyouth.com)  
800-437-8368

In Catholic Faith and Service,

**Whitney Cunningham-Pastrano**

Coordinator of Middle School and High School Youth Ministry

Holy Family Parish | 9669 Kraft Ave SE Caledonia, MI 49316

616-891-8867 x226 | [www.holyfamilycaledonia.org](http://www.holyfamilycaledonia.org)

[High School Faith Formation Facebook](#)

[Middle School Faith Formation Facebook](#)



## STUDENT PARTICIPATION PERMISSION FORM STEUBENVILLE LIMITLESS CONFERENCE ~ June 19-21

### Statement of Consent

I hereby consent to participation by my child, \_\_\_\_\_,  
in the event described in the event flyer/brochure scheduled for Steubenville Limitless Conference

In consideration of my child being allowed to participate in this event, I agree to waive and release, and indemnify and hold harmless Holy Family Parish, any and all affiliated organizations, its/their employees, agents, representatives, volunteers and drivers, from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my child's participation in this event.

I authorize Holy Family Parish to obtain necessary medical treatment for my child in case of illness, injury or accident. List allergies, medication, dietary needs, learning needs, contacts, or other pertinent comments that may affect his/her participation in this event. Please also include instructions about these needs for the adult supervisor of this event if applicable.

During this event, I can be reached at \_\_\_\_\_

I certify that I am the (check one) ☐ custodial parent ☐ legal guardian of the minor child named above and I agree to the above terms for myself and for my minor child. Please list any custodial concerns/agreements which may affect your child's participation in this event.

I understand that photographs and video may be taken during this event for future publicity, but would be used without my child's name, and that by consenting to my child's participation in the event, I am consenting to said photography and videography.

For this trip only and for the security of our participants, we are requesting permission to have access to your child's cell phone number. After the trip is complete and everyone is safely home, the contact numbers will be deleted from the chaperone's phones. Providing the phone number gives us permission to call or text for the purpose of communication for the trip. Your child will also be required to delete the adults' phone numbers from their cell phones.

I hereby grant All Chaperones for the Steubenville Limitless Conference permission to interact via texting or phone calling with my child listed above for the period of June 19-21, 2015.

Participant cell phone number: \_\_\_\_\_

\_\_\_\_\_  
(Print Parent's Name)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

Please provide adult t-shirt size:

☐ Small ☐ Medium ☐ Large ☐ X-Large