

**Steubie on the Lake – Kenosha WI**  
**STUDENT REGISTRATION**  
**Church of St. Pius X - White Bear Lake, Minnesota**  
**PARENT/GUARDIAN CONSENT FORM & LIABILITY WAIVER**

Type of Event: Youth Conference  
 Group Leader: Jack Dorcey  
 Transportation: **Car pool**

Date/Time: Thursday, July 19 – Sunday, July 22, 2018

Cost: **\$400 (Down payment of \$200 with permission form due May 1; \$100 due June 1; \$100 due July 1)** Includes Conference Registration, Overnight hotel and water park passes for Thursday, Dorm accommodations and meals at Conference.

Location: Thursday Wisconsin Dells Water Park (location TBD) Friday - Sunday Steubenville on the Lake Youth Conference at Carthage College  
 2001 Alford Park Dr. Kenosha, WI 53140

Note: Students should bring money for Lunch Thursday/Lunch and Dinner on Sunday. Meals will be provided Thursday night – Sunday morning)

Participant's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Grade in School \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

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

Alternate Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I, \_\_\_\_\_, as parent or guardian, grant permission for my child, \_\_\_\_\_ 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 above stated church and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against stated church and the Archdiocese of St. Paul/Minneapolis 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 stated church and the Archdiocese of St. Paul/Minneapolis in defense of such a claim/law suit.

***Emergency Medical Treatment:*** In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a hospital or doctor.

**In the event of an emergency, if you are unable to reach me at the above numbers, contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL INFORMATION**

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

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

Family Health Plan Carrier Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Photo and Name Release – Parent Authorization, Consent and Release**

The undersigned parent/guardian hereby authorizes and consents that the Church/Faith Formation Program of St. Pius X be permitted to use and publish for advertising, commercial or publicity purposes, the name and likeness of my child, \_\_\_\_\_, or for lawful purpose whatsoever, including photographic portraits, pictures, reproductions, made through any medium, including electronic media, and the undersigned parent guardian does hereby release the Church/Faith Formation Department of St. Pius X from any liability in connection with such use.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_