

Steubenville East Youth Conference

July 13-15, 2018

University of Massachusetts

Lowell Campus

Registration Package

Group Leader

Joe Clossick

Cell: 401-932-8477

Email: joseph.clossick@bms.com

We are thrilled that you are coming to Steubenville East with us this year! We have reserved 25 spots for teenagers. As in years past it promises to be a fantastic trip. Again we are going to be blessed with a wonderful group of dynamic speakers, amazing music, and very powerful prayer. Those of us involved with youth ministry here at St. Francis are greatly looking forward to the weekend. We hope that this packet of information will answer a lot of questions, and make registration this year go as smooth as possible!

Notable Dates

Saturday, March 31st - Complete the attached Registration Form and Permission Slip and return to Mr. Clossick or the Religious Education Office. All completed forms and your deposit (\$100) are due.

TBD A meeting will be held to go over the final information for the Conference weekend.

Wednesday, May 23rd - Remainder of Balance (\$185) due*

Please make checks payable to St. Francis of Assisi

*Fundraisers are being planned so the total cost will be lessened. Last year, through fundraising, we were able to successfully raise the balance of the payment for each attendee. Your participation in these fundraisers is very important. (More details will be sent to you regarding fundraising.)

REVEALED

✠
1 John 4:9
✠

"In this way the love of God was revealed to us: God sent his only Son into the world so that we might have life through him." - 1 John 4:9

STEUBENVILLE EAST 2018

July 13-15 at UMass Lowell

Youth Participant Registration Form

Please Print Legibly

Youth Participant Name: _____ DOB: _____ Circle One: M / F

2018-2019 Grade (next year): 9th 10th 11th 12th 2018 Graduate

Youth Email: _____ Youth Cell Phone: _____

T-Shirt Size (Adult Sizes): S M L XL # of years attended conference: _____

Youth's dietary needs: _____ Youth allergies

For one parent only, complete the following:

Parent's Name _____

Parent's Home Phone: _____ Parent's Cell Phone: _____

Parent's E-mail: _____

Registration Cost for Steubenville East Youth Conference 2018: \$285.00

INCLUDES: Registration, lodging, all meals from dinner Friday through lunch Sunday, t-shirt and transportation to and from the conference

Please note a non-refundable deposit of \$100 is required when submitting your paperwork which is due by **Saturday, March 31**. Checks can be made out to St. Francis Church.

Fundraising opportunities will lower the cost for our participants. If the past years it has covered the remaining balance for all attendees. If you are in need of financial assistance,

PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT

Your son/daughter, ward, _____, is eligible to participate in a youth ministry-sponsored activity that requires permission. This activity will take place under the guidance and supervision of employees/volunteers from the Parish of St. Francis of Assisi, the Catholic Youth Organization of the Diocese of Providence and the Roman Catholic Bishop of Providence. A brief description of the activity is as follows:

TYPE OF ACTIVITY : Steubenville East Summer Youth Conference

LOCATION: UMass Lowell Campus

DESCRIPTION OF ACTIVITY: Youth Conference

DATE AND TIME OF ACTIVITY: July 13-15, 2018

TIME: TBA

METHOD OF TRANSPORTATION: by Academy bus lines

COST: \$285.00 Checks made out to St. Francis of Assisi

Questions Call: Group Leader Joe Clossick at 932-8477

I would like my child/ward to participate in this youth ministry-sponsored activity. As parent or legal guardian, I agree to defend and fully indemnify the Parish of St. Francis of Assisi, the Catholic Youth Organization of the Diocese of Providence and the Roman Catholic Bishop of Providence against any claim which may result from any personal actions taken by my child/ward. As parent or legal guardian, I further agree to fully indemnify and hold harmless the Parish of St. Francis of Assisi, Catholic Youth Organization of the Diocese of Providence and the Roman Catholic Bishop of Providence against any claim or cause of action whatsoever brought against the Parish of St. Francis of Assisi, the Catholic Youth Organization of the Diocese of Providence and the Roman Catholic Bishop of Providence which took place during the above-identified activity, which is related to that activity, if that claim or cause of action is brought by my child/ward or their parent/legal guardian.

I hereby consent to participation by my above-named child/ward in the activity described above. I certify that I have an understanding of this agreement and the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss the above-named activity and this agreement with a representative of this agency to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent/Legal Guardian Signature

Date

Address

(H) _____ (W) _____
Phone Numbers

EMERGENCY MEDICAL TREATMENT: In the event of any 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 the hospital or doctor. In the event of an emergency if you are unable to reach me at the above numbers, contact:

Name: _____ Phone Number: _____

Please furnish medical / personal information about your child/ward which may be pertinent to his/her participation in the above-identified activity:

STEUBENVILLE EAST

STEUBENVILLE EAST 2018 LIABILITY RELEASE FORM (for youth and chaperones)

GROUP LEADER: Joe Clossick
GROUP NAME: St Francis of Assisi & St Thomas More

PARTICIPANT'S INFORMATION:

REGISTRATION TYPE: Group Leader Chaperone Youth

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE #: _____

EMAIL: _____

BIRTH DATE: _____ GENDER: M F

GRADE ENTERING: 9 10 11 12 JUST GRAD.

DIETARY RESTRICTIONS/FOOD ALLERGIES: _____

EMERGENCY CONTACT:

NAME: _____

PHONE #: _____

RELATIONSHIP TO PARTICIPANT: _____

HEALTH INFORMATION:

DOCTOR: _____

DOCTOR PHONE #: _____

HEALTH INSURANCE?: YES NO

If yes:

INSURANCE CO.: _____

INSURANCE ID #: _____

INSURANCE GROUP #: _____

CARDHOLDER'S NAME: _____

MEDICINAL ALLERGIES: _____

CHRONIC MEDICAL PROBLEMS OR PHYSICAL RESTRICTIONS

(e.g. diabetes, depression): _____

CURRENT MEDICATION & DOSAGE (prescription & over the counter):

REASON FOR CURRENT MEDICATION: _____

Life Teen may administer the following over the counter medication to this participant (please check all that may be taken):

- Tylenol/Acetaminophen Motrin/Ibuprofen
 Benadryl/Dephenhydramine HCL Cough Drops
 Tums/Mylanta/Antacid

WAIVER:

I, _____, am either an emancipated adult or the parent or guardian of a minor child who will be participating in the Life Teen Inc. event. I am fully aware that my own/my child's participation in The Event is totally voluntary. In consideration of Life Teen's agreement to permit me/my child to participate in The Event, the receipt and sufficiency in which consideration is hereby acknowledged, I agree as follows:

I, individually, and on behalf of my minor child, if applicable, and our respective heirs, successors, assigns and personal representatives, hereby:

1. Release, acquit and forever discharge Life Teen and their employees, agents, servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability whatsoever for any and all damages, losses or injuries to persons or property or both which arise out of, during or in connection with my/my child's participation in The Event which may be sustained or suffered by me/my child or any person in connection with my/my child's association with, or participation in, activities at, sponsored by, or arising out of my/his/her travel to or from The Event;
2. Agree to indemnify, defend and hold harmless Life Teen and their employees, agents, servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability, loss or damage they incur or sustain as a result of any claims, demands, actions, causes of action judgments, costs or expenses, including attorneys fees, which result from arise out of relate to my/my child's participation in The Event including my/his/her travel to or from The Event.

I hereby acknowledge and accept that:

1. There are certain risks arising from various activities, including but not limited to bodily injury, that could result from my/my child's participation in The Event. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of Life Teen's permission to allow me/my minor child to participate in The Event;
2. My and, if applicable, my child's personal property is at my risk entirely;
3. Life Teen reserves the right to decline to accept or retain me/my child in The Event at any time should my/his/her actions or general behavior impede the operation of The Event or the rights or welfare of any person. I understand that I/my child may be required to leave The Event in the sole discretion of Life Teen's agents and representatives. In such an event, no refund will be made for any unused portion of The Event. I understand that Life Teen, in its sole discretion, reserves the right to cancel The Event or any aspect thereof prior to commencement.

I represent and warrant that I am/my child is covered throughout The Event by a policy of comprehensive health and accident insurance which provides coverage for injuries which I/he/she may sustain as part of my/his/her participation in The Event. I agree to complete the HEALTH INFORMATION above to the best of my ability and, by its completion, I hereby release and discharge Life Teen of all responsibility and liability for any injuries, illnesses, medical bills, charges or similar expense/he/she may incur while participating in The Event. By completing the form, I hereby authorize Life Teen to obtain any necessary medical treatment to myself/ my child, consent to any necessary examination, treatment, or care under the supervision and/or advice of any properly licensed medical professional and explicitly authorize Life Teen to release medical information about me/my child to any person or entity to whom Life Teen refers me/my child for medical treatment.

I agree that this Agreement is to be construed pursuant to the laws of the State of Arizona and is intended to be as broad and inclusive as permitted by law, and if any portion hereof is held invalid, it is agreed that the balance hereof shall continue in full legal force and effect. In addition, I agree that any legal action arising out of or in relation to this Agreement must be brought in a Maricopa County, Arizona court.

I hereby grant to Life Teen my consent without reservation to use, assign, convey, reproduce, copyright, publish or sell my/my child's name, voice, image, and/or likeness that arises from his/her participation in The Event, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at Life Teen's sole discretion.

In signing this Agreement, I hereby acknowledge and represent 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.

Signature: _____

Print Name: _____

Dated: _____

**Addendum B
University of Massachusetts Lowell
Summer 2018 Residency Agreement**

This agreement (the "Agreement") sets forth the terms and conditions under which space at the University of Massachusetts Lowell (herein called the "University") owned buildings (residence halls and apartments) may be occupied by the undersigned individual (herein called "Attendee") pursuant to a License and Use Agreement between the University and Life Teen – Steubenville East Youth Conference.

Assignment of Housing Space: The University by this Agreement does not guarantee specific halls, rooms or roommates and reserves the right to assign or re-assign residents of rooms in the best interest of the University. The University may also cancel this Agreement at any time for any Attendee found in violation of any University rules and regulations or the terms of the above-referenced License and Use Agreement, or if the Attendee poses a danger to his/herself or others as determined in the reasonable discretion of the University's representatives.

Condition of Room: Attendee is responsible for the care and use of the assigned space. The Attendee must observe all rules and regulations applicable to this Agreement, the License and Use Agreement referenced above, and any other published rules, policies or procedures that have been promulgated by the University, which are incorporated herein by reference and made a part of this Agreement.

Inspection of Room: The University reserves the right to inspect Attendee's room and belongings. Attendee's room may be entered by authorized University personnel or authorized agents of the University whenever there is a reasonable cause concerning the safety, health and well-being of the individual residents, if there is a reasonable suspicion that a violation of University policy is occurring, to perform damage assessments and/or repairs, and to inspect for fire and safety violations, or for other necessary reasons. When feasible, the Attendee will be notified in advance of any such inspection. University officials, including University police officers, will have access to lobbies, hallways and other common areas for inspections and patrol, with or without advance notice.

Non-liability for Personal Property: The University shall not be liable for damage to or loss/theft of any Attendee's personal property from any cause whatsoever, nor for the failure or interruption of utilities or computer and internet systems. The University does not carry insurance for the personal property of Attendees, and attendees are strongly encouraged to have their personal property covered by their own insurance.

University Policies: An Attendee is required to comply with all rules and regulations of the University, including, but not limited to, those rules and regulations attached hereto.

RESIDENCY AGREEMENT TERMS

1. The use of tobacco products and illegal substances is prohibited at University of Massachusetts Lowell facilities and on the grounds of UMass Lowell campus. The possession and/or use of candles, incense, lanterns and/or any other flammable devices are prohibited. The use of alcoholic beverages is further prohibited in all housing accommodations, and will only be allowed at other facilities with prior approval and authorized documentation from the University of Massachusetts Lowell.
2. All persons using University of Massachusetts Lowell facilities must conduct themselves in a manner appropriate at a school facility. No foul language, horseplay or other inappropriate behavior will be tolerated.
3. All parking by persons using University of Massachusetts Lowell's facilities must be confined to parking areas designated by the Hospitality & Event Services office. All persons shall observe the 20 mile per hour speed limit on all campus roads.
4. Food and non-alcoholic beverages are only allowed in designated areas of University of Massachusetts Lowell's facilities.
5. Licensee is responsible for supervision of, the behavior of, and the consequences of the actions of its members, employees, guests, attendees, contractors, invitees and participants associated with the event.
6. Attendee will be held responsible for any damage to University property caused by Attendee during the period of this *Agreement* and will be charged for the cost of the parts, materials and labor involved in repairing any such damage.
7. Attendees are required to follow all directives from University of Massachusetts Lowell personnel, including campus police. Any Attendee who fails to follow the directives of University of Massachusetts Lowell personnel will be removed from the facility and banned from future access.
8. Any Attendees that treat University of Massachusetts Lowell personnel in a discourteous or argumentative manner will be removed from the facility immediately and banned from future access.
9. Attendee shall be responsible for a lost/damaged room key charge of \$75.00 per key, and a lost/damaged meal/access UCard charge in the amount of \$25.00 per card (as outlined per Section 8 of this *Agreement*).

Any infraction of any of the above rules may cause immediate termination of this Agreement. These rules and regulations may be amended at any time, and from time to time, by University of Massachusetts Lowell.

The undersigned acknowledges that he/she is over eighteen (18) years of age and has read, understands and agrees to the terms of this Summer Housing Residency Agreement:

Signature of Attendee

Date

Print Name

Date

Parent/Guardian Consent (if Attendee is under 18 years of age)

Signature of Parent or Guardian required at the time contract is signed, if the Attendee is under 18 years of age.

I am the parent or guardian of the minor _____ . I have the legal right to consent, and do consent to the terms and conditions of this Agreement.

Parent/Guardian Signature: _____

Parent/Guardian Print Name: _____

Parent/Guardian Address: _____

Parent/Guardian Phone Number: _____

On this day: _____ / _____ / 2018

Initial: _____