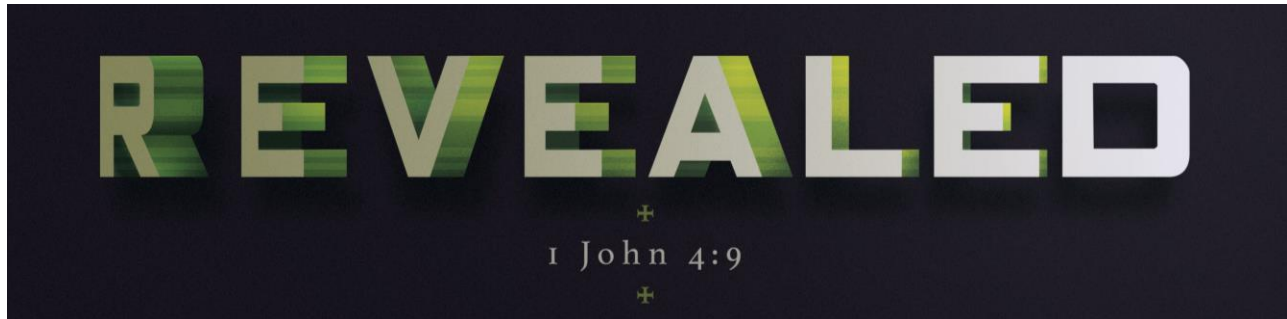


St. Anne Roman Catholic Church - Parish School of Religion

PO Box 410 * 201 Church St. * Youngsville, LA 70592 * 337-857-6382

Email: dre@stannechurch.net * Website: stannechurch.net

2018 Steubenville on the Bayou



Dear Parent(s),

We are very excited that your teen is considering joining our group for the 2018 Steubenville on the Bayou Catholic Youth Conference. *The theme for the conference this year is "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* Please visit the conference website: www.steubenvilleonthebayou.com for additional information about this awesome youth conference.

The conference will be held on June 15-17, 2018 at the Houma-Terrebonne Civic Center in Houma, LA. **Participate Initial Registration and Field Trip Consent/Liability Waiver Forms deadline is February 18, 2018, forms attached.** *(Please make a copy for your records.)* Our group will tentatively travel to Houma by bus. Lodging information, departure and arrival times, etc. will be provided at a later date.

The estimated cost for attending the conference is \$300.00 per participant. The cost includes conference fee, conference meals, hotel, transportation, three t-shirts, etc. for the weekend. The actual cost is dependent on number of attendees, fund raising events, and donations. Participants will have opportunity to earn \$'s towards their Steubenville trip before your final payment is due.

Blessings,
Parish School of Religion

Jessica Currier, DRE

Steubenville on the Bayou 2018 –Participant Initial Registration St. Anne Catholic Church – Youngsville, LA

Please print clearly.

Participant Name: _____ DOB: ___/___/___

Address: _____ Tee Shirt Size: _____

City: _____ Zip: _____

ParentCell: _____ HomePhone: _____ ParticipantCell: _____

Email addresses - Parent: _____ - Participant _____

Special diet restrictions: _____

I give my teen, _____, permission to attend the Steubenville on the Bayou Conference on Friday, June 15 through Sunday, June 17, 2018 in Houma, LA. I understand and I accept full responsibility for my teen's actions. I also give my permission for medical care, if necessary, for my teen. **Include copy of your teen's insurance card and a list of any of your teen's prescribed medication or medical conditions with this form and sign up payment.**

Participant's Primary Physician: _____

Address: _____

City: _____ Zip: _____ Phone: _____

CHECK PAYMENT OPTION YOU ARE CHOOSING TO ACCEPT. Make **checks payable to St. Anne's Catholic Church,** with a **memo on check for Steubenville with the teen's name.**

_____ Option 1	
Due date	\$ Due
With registration	\$75
March 01, 2018	\$75
April 01, 2018	\$75
May 01, 2018	\$75

_____ Option 2	
Due date	\$ Due
With registration	\$150
May 01, 2018	\$150

_____ Option3	
Due date	\$ Due
With registration	\$300

May payment amount may change if fundraiser credits are earned. Would you be interested in volunteering for fundraiser to earn Steubenville \$'s towards your final payment? **Yes or No**
All credits must be approved and authorized by St. Anne Parish School of Religion.

I UNDERSTAND ALL FEES ARE DUE IN FULL AND NON-REFUNDABLE as accepted above.

Parent / Guardian Signature

Date

FIELD TRIP

MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

Participant's name: _____
Date of birth: _____ Sex: _____
Parent/Guardian's name: _____
Home address: _____
Home phone: _____ Business phone: _____
I, _____ grant permission for my child, _____
Parent or guardian's name Child's name

to participate in this parish/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from St. Anne Church—Youngsville LA
Name of parish/school

A brief description of the activity follows:
Type of event: Steubenville on the Bayou Conference—Houma/Thibodeaux
Date of event: June 15 through June 17, 2018
Destination of event: Houma / Thibodeaux
Individual in charge: Catrina Broussard
Estimated time of departure and return: From Parish Hall Depart Noon—Return 4:40 pm
Mode of transportation to and from event: Charter Service

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Anne Church—Youngsville LA, its Name of Parish/School officers, directors, employees and agents, and the Arch/Diocese of Lafayette LA, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Arch/Diocese of Lafayette LA, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Arch/Diocese of Lafayette LA.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical 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 & relationship: _____
Phone: _____ Family doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Arch/Diocese of _____, chaperons, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: _____

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Does child have any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____
