



Dear Youth of St. Mary's,

I was once talking with a mother whose child attended a Steubenville Conference. She said, "It was one of the best experiences of his life. It probably saved his faith during high school. He liked it so much, he went every year."

Steubenville Conference is a weekend retreat that gathers high school youth from all over the Midwest for prayer, discussion, games and activities. Nationally known speakers from around the country give talks and reflections on topics that are relevant to teens.



*Speakers: Nic Frank & Lisa Cotter*

The theme for this year is *Belong*. With cell phones and social media, we are more connected than ever. We can also feel very alone, as we post and share only the things we want people to see. 1 John 3:1 reminds us that we are never alone because we are children of God.



**The Steubenville Conference will be held on the campus of Missouri State University in Springfield, MO. The retreat will be held from Friday evening, July 19, through Sunday morning, July 21. The cost is \$190, which will cover the cost of the retreat, retreat meals, and housing in the university's dormitories. The only other costs are student's personal expenses. The exact mode of transportation will be decided once we know how many students are going. If you need financial assistance, please talk to me. We will be doing some fundraising to defray our expenses, but it is hard to know how many funds we will raise until we know how many are going. For more information about Steubenville, visit <https://steubystl.com/>**

**Turn in the attached registration form to the school or parish office by Wednesday, January 30. With your registration form, please include a deposit of \$50. The remainder of the cost must be paid by May 1.** All current 8-12 grade students are welcome to attend. Steubenville cannot count as a retreat for Confirmation, as it is rarely a good experience for youth who feel forced to go.

**We are also in need of adult male and female chaperones.** If you know of an adult who would like to chaperone, we will give them a discounted price of \$100.

Thank you for considering Steubenville!

Peace,

*Rev. Michael Cronin*

Rev. Michael Cronin  
Parochial Vicar and School Chaplain



# PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

MISSION/FIELD TRIP

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Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child,  
\_\_\_\_\_ (child's name) to participate in this  
parish/school sponsored event that requires transportation to a location away from the parish site.  
This activity will take place under the guidance and direction of parish/school employees and/or  
volunteers from \_\_\_\_\_ (name of parish/school)

A brief description of the activity follows:

Date of event: July 19-21

Type of event: Youth Retreat

Destination of event: Springfield, MO

Individual in charge: Fr. Michael Cronin + Kathleen Eckerman

Estimated time of departure and return: Friday July 19 Afternoon - Sunday

Mode of transportation to and from event: \_\_\_\_\_ July 21

Afternoon

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 (name of parish/school) \_\_\_\_\_,  
its officers, directors, employees and agents, and **The Diocese of Sioux City**, its employees, and  
**agents and chaperones, 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 negligence of the parish/school/diocese.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**  
**MEDICAL MATTERS**

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**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.)

**Name of Child/Student:** \_\_\_\_\_

**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, 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 Diocese of Sioux City, chaperones, 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.

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 (such as non-aspirin products, i.e. 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? \_\_\_\_\_

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: \_\_\_\_\_