



Student

Event: Steubenville North Conference - Rochester

Dates: July 13-15, 2018

Location: Civic Center, Rochester MN

Mode(s) of Transportation: Coach Bus

Parish/School Name & City _____ Parish / School Group Leader: _____

Cost of Event: \$340 Early Bird Regis /\$355 after Jan 16, 2018 Down Payment(non-refundable)\$50/Due Mar. 14, 2018

Final Payment Due: May 7, 2018 Registration After May 7 -\$30 late fee/Cancellations after May 7 - \$205 non-refundable

Name: _____ Gender: Male / Female School Grade at date of event: _____
 Complete Address: _____ city/st/zip: _____
 Home Phone: _____ Cell _____ Email: _____
 Age at time of event: _____ Date of Birth: ____/____/____ T-shirt size ____ [S,M,L,XL,XXL] You will receive correspondence by email
 Parent / Guardian Name _____ Relationship _____
 Parent / Guardian Home Phone _____ Work _____ Cell _____

PARENTAL CONSENT / LIABILITY / IMAGE WAIVER

I, _____, grant permission for _____
Parent's or Guardian's Name (printed) Child's Name (printed)

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 named parish/school and the Diocese of Winona from any claims or law suits brought against the above named parish/school / Diocese of Winona by myself, my child or others, that arises out of any behavior by my child at the event described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Diocese in defense of such a claim/suit. I understand that this event includes the use of a swimming pool and give permission for my child to use the pool.

IMAGE WAIVER: The undersigned parent/guardian hereby consents that the Diocese of Winona be permitted to use and publish for advertising, commercial or publicity purposes, the likeness (picture) of my child for lawful purpose and the undersigned parent guardian does hereby release the Diocese of Winona from any liability in connection with such use.

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

EMERGENCY CONTACT: In the event of any emergency, if you are unable to reach me at the above numbers, contact:

Alternative contact name (printed) _____ Relationship _____ Home Phone _____ Work Phone _____ Cell Phone _____

My child may bring medications necessary, and such medications will be well-labeled and in original containers. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows:

Family Health Plan Carrier _____

Family Doctor _____ Clinic _____ Phone Number _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.



Signature _____

Date _____

OPTIONAL MEDICAL INFORMATION: Specific Medical Information: The Diocese of Winona will take reasonable care to see that the following information will be held in confidence.

- Allergic reactions (medications, foods, gluten intolerance, plants, insects, etc.) _____
- Date of last tetanus/diphtheria immunization _____
- Does your child have a medically prescribed diet? _____
- Any physical limitations? _____
- You should also be aware of these special medical conditions of my child: _____

Optional: 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 advisable.

Signature _____

Date _____



Steubenville North - Rochester

July 13-15, 2018

Name: _____

Parish / School Group _____

CODE OF CONDUCT

Please remember you are representatives of the Diocese of Winona. We expect you will represent your parish, school and the Diocese well during this conference. Recall that you are a witness to Christ Jesus, to the press, and others who will attend this gathering. We ask you to project an image of Christian charity and respect to everyone and to the property around you. We are confident you will display maturity, responsibility in leadership and character. Thank you!

Diocesan participants are responsible for their actions. Each participant accepts the full responsibility for any damage or theft caused while attending this pilgrimage. Leaders/Chaperones are expected to enforce the Code of Conduct and set an example for the participants.

1. I will treat all persons with as a son or daughter of God with dignity and respect. I will not intentionally cause any harm (physically, emotionally, or spiritually) to any person in any way.
2. I will respect the property of others, including all program facilities.
3. I will follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
4. I will be on time for all check-ins and departure times.
5. I will attend all activities and remain with their group or designated subgroup at all times. I will wear my lanyard **at all times** with the appropriate documentation and **medical release forms**.
6. I will not purchase, posses or use alcohol or illegal drugs.
If you have prescription medication, your group leader and Diocesan staff must be informed before the trip.
7. I will not purchase, possess or use any tobacco products...
8. I will not purchase, possess or view sexually explicit or morally inappropriate materials **in any form**.
9. I will not purchase or posses any weapons. Possession of a weapon will mean immediate dismissal.
10. I will be aware of noise levels in sleeping areas. I will respect others' need for sleep, quiet time and privacy.
11. I will dress modestly at all times.
12. There should be no need for sleeping room changes. If such need arises, the pilgrims must contact the group leader who will coordinate a change with the appropriate facility. Men and women are to stay in separate sleeping areas and **not visit the sleeping areas of the opposite sex at any time**. Socializing may be done only in public areas.

I agree to abide by this code of conduct traveling to and from and during this event. I understand that failure to abide by this code may result in my being sent home at my own and/or my parent/guardian's expense.

SIGN HERE Participant Signature _____ Date _____

SIGN HERE Parent/Guardian Signature _____ Date _____

SIGN HERE Parish / School Group Leader Signature _____ Date _____