

# Aquinas Steubenville Mid-America Conference Registration

Springfield, MO

Cost: Student \$350

July 7<sup>th</sup>–July 9<sup>th</sup> Summer 2023

*\*Register by February 10<sup>th</sup>! Adult chaperone cost is \$250.*

## Personal Info

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_ Parent Email Address \_\_\_\_\_

Parish \_\_\_\_\_ Student Phone \_\_\_\_\_

Parent Phone \_\_\_\_\_ Parent Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Health Considerations (Allergies, dietary etc.) \_\_\_\_\_

Medications \_\_\_\_\_

Family Physician and Phone \_\_\_\_\_

Roommate preferences 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

T-shirt Size \_\_\_\_\_

## Health Insurance Information

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Mother/Guardian Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

## Registration Signatures

**PHOTOGRAPH/PRESS RELEASE:** I realize that photographs, videos, written extractions, and voice recordings of program participants may be taken during various activities for the purpose of illustrations, publications, and websites.

I hereby authorize and give full consent to Aquinas Catholic to publish and copyright all photographs, videos, written extractions, and voice recordings in which my child appears while enrolled as a participant in the Steubenville trip. \_\_\_\_\_

I do not consent to the photographs, videos, written extractions, and voice recordings release. \_\_\_\_\_

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

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

**Reminder: The deadline for Registration is February 10<sup>th</sup>**

**Turn in registration forms with the nonrefundable \$100 deposit to Mrs. Nemec.**

# PERMISSION AND RELEASES FOR STEUBENVILLE YOUTH CONFERENCE

Springfield, MO

JULY 7-9, 2023

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

**1. Students under Age 18 must have a parent or guardian sign this release.**

As parent or guardian of the above-named student, I give permission for my child or ward to participate in the Steubenville, Mid-America 1, Springfield Missouri conference, and I agree, individually and on behalf of my child or ward, to the terms of the Release of Liability below.

Signature of Parent or Guardian: \_\_\_\_\_

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

**2. Release of Liability (All students and chaperones must sign this release).**

In consideration of accepting my participation in Steubenville, Mid-America 1, Springfield Missouri conference, on behalf of myself, my heirs, assigns, executors, and personal representative, I release, hold harmless, and discharge forever the Diocese of Lincoln, Aquinas Catholic School, their staff, directors, sponsors, promoters, and affiliates from any and all liability, claim, loss, damage, cost or expense and waive any such claims against any such person or organization arising directly or indirectly from or attributable in any legal way to any action or omission to act of any such person or organization in connection with the sponsorship, organization, and execution of this conference experience.

Signature of Parent or Guardian: \_\_\_\_\_

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

**3. Release for Emergency Medical Treatment:**

Should emergency medical treatment be necessary while my daughter or son is on this trip, and I am unable to be contacted immediately, I authorize the delegated agents of Aquinas Catholic to act on my behalf and approve appropriate treatment.

Signature of Parent or Guardian: \_\_\_\_\_

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