

Steubenville Youth Conference

<http://www.franciscanyouth.com/>

WITNESS is the theme of the 2008 High School Youth Conferences at Franciscan University in Steubenville, Ohio. St Elizabeth will be attending this summer with St Joe's and SS Simon & Jude from June 27th – 29th. Don't miss this opportunity! Spaces will fill up fast so DON'T DELAY! More information is available on their website:

<http://www.franciscanyouth.com/>

%%

St Elizabeth Roman Catholic Church

PARENTAL PERMISSION FORM FOR YOUTH MINISTRY ACTIVITY

DUE: JANUARY 6

WHAT: PERMISSION FORM, YOUTH REGISTRATION AND LIABILITY RELEASE FORM, YOUTH PARTICIPANT EXPECTATION AGREEMENT, AND \$50 DEPOSIT

RETURN TO: FISH HSYG MEETING AT ST ELIZABETH ON JAN 6TH, OR BRING TO 137 PALSGROVE WAY, CHESTER SPRINGS, PA 19425 BY JAN 6TH

QUESTIONS: ANDREE – 610-202-5997

My child, _____ has my permission to participate with the Saint Elizabeth Youth Ministry group activity:

ACTIVITY	STEUBENVILLE YOUTH CONFERENCE
TRANSPORTATION	Bus
Place	FRANCISCAN UNIVERSITY, STEUBENVILLE, OH
Date	June 27-29, 2008
Cost	\$250

Emergency Contact During Activity Hours

Name _____ Phone number(s) _____

I understand that neither Saint Elizabeth Roman Catholic Church nor any of its agents are responsible for any injury sustained by my child. I accept responsibility for any medical expenses as a result of any such injury sustained.

_____	_____	_____
Phone	Parent or Guardian Signature	Date

MEDICAL RELEASE

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor for in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release is intended for _____ (date). This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

_____	_____
Parent Signature	Date

All participants must complete a medical/insurance form or have one on file with office.
Medical form available on website: www.stelizabethparish.org