



### PARENT PERMISSION FORM FOR EVENT PARTICIPATION

*Calling all High School Students!*

*You are invited to this meaningful and exciting youth ministry experience involving an overnight stay at Missouri State University in Springfield, MO. We are thrilled to bring this incredible opportunity to this community. Spots are first come, first serve so don't wait to register!*

**What:** *High School Youth Conference (An overnight, Christ-centered retreat put on by the University of Steubenville but hosted by Missouri State University & the Archdiocese of St. Louis)*

**Why:** *is an action-packed youth conference designed to invite teens into a deeper relationship with Christ through inspiring speakers, vibrant music, meaningful encounters with the Sacraments, small group connections, and community with other teens. This year, we are teaming up with St. Peter in Geneva, Holy Cross in Batavia, Annunciation B.V.M in Aurora, and St. Thomas More in Elgin to bring more than 30 high school students to this transformative retreat.*

**Who:** *All current 8th-12th-grade students (2025-2026 school year) are invited to attend the Steubenville Conference with us this Summer!*

**Where:** *Missouri State University (901 S National Ave, Springfield, MO 65897)*  
We will be lodging in dorms on Missouri State University campus.

**When:** *Friday, July 10th, 2026 - Sunday, July 12th, 2026*

**Transportation:** *Transportation will be provided for students to and from St. Peter Parish to Missouri State University.*

**Cost:** *\$300 - covers the cost of the conference, meals, supplies, bus transportation to and from the site, rooms, activities, T-shirts, etc. Payment plans and financial aid are available. (NOTE: students are not considered registered, and therefore their spot is not reserved, until payment has been completed or our office has been contacted about needing financial aid).*

**2026 STEUBENVILLE CONFERENCE  
ST. PETER PARISH YOUTH MINISTRY  
YOUTH PARTICIPANT PERMISSION FORM**

*One form must be completed for each student attending. This completed and signed form and payment should be returned to the parish office no later than April 15th 2025 (though spots are first come first serve). Checks are to be made payable to the "St. Peter Parish." (NOTE: students are not considered registered, and therefore their spot is not reserved, until payment has been completed or our office has been contacted about needing financial aid).*

**YOUTH INFORMATION**

Name: \_\_\_\_\_  
(First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

Male/Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade (2025/2026): \_\_\_\_\_

T-Shirt Size (adult): **PLEASE CHECK:** Small  Medium  Large

**PARENT/GUARDIAN INFORMATION**

Name: \_\_\_\_\_ Relation to child (circle one): Parent / Guardian

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: (\_\_\_\_) \_\_\_\_\_ Daytime: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**CONSENT** - I grant permission for my child, \_\_\_\_\_, to attend and participate in Steubenville Youth Conference herein referred to as ("Activity") to be held at the locations at the dates listed below.

**Friday, July 10th - Sunday, July 12th 2026// Missouri State University**

**TRANSPORTATION** - I hereby give my consent for designated driver(s) (approved by St Peter Parish, Geneva, Annunciation, Holy Cross, and St. Thomas More) to transport my student to/from the Activity.

**DRESS CODE** - In keeping with the nature of Youth Ministry events, all participants are to dress in a modest fashion. This includes the following: All shorts and skirts must be fingertip length. No leggings or Yoga pants allowed. No sleeveless, cut off or midriff tops are allowed. All tops must have sleeves, no strap tops allowed. Shirts and Blouses must be worn in an appropriate manner. Undergarments must not be visible at any time. No offensive or inappropriate language on clothing, no language or symbols of any kind on rear of shorts, pants, etc.

**FIRST AID / EMERGENCY TREATMENT** - I authorize the School, Parish, and Diocese and its employees and volunteers to administer first-aid to my child if deemed necessary and appropriate to preserve the life, limb or well-being of my child. I authorize the Parish, School, and Diocese to contact and engage medical personnel and arrange for emergency treatment of my child, including transportation for medical, dental, surgical or hospital care or diagnosis, and I consent to that treatment for my child. I agree that I am financially responsible for such medical treatment.

**STUDENT COOPERATION** - My child agrees to abide by all the rules of aforementioned Activity and to obey the staff in charge of this Activity. The Parish, School, and Diocese will not be liable for my child's failure to cooperate and/or to abide by the rules. Any infraction of the rules may result in the immediate dismissal of my child from the Activity at my expense and without refund to me of the costs paid for the Activity.

**CODE OF CONDUCT** - *Camp Attendees agree to the following:* Project an image of Christian consideration, sensitivity, and respect to everyone and to the property around them through language, dress, and behavior. Refrain from inappropriate touching and verbal harassment. Respect other persons and/or property. Refrain from actions that could result in injury and/or damage to property. Adhere to stated curfew. Be aware of noise levels in sleeping areas, especially later in the evening. Maintain the spirit of the camp. Report problems of any kind to a trusted adult member of the retreat team. *Camp Attendees agree to not: (Diocese & Sponsors have "zero tolerance")* Possess weapons or fireworks of any kind. Purchase, possess, consume, or distribute alcohol. Purchase, possess, consume, or distribute illegal drugs or tobacco products. Engage in any form of sexual activity or peer sexual harassment. Use profanity, degrading language of any kind. Visit or gather in sleeping areas of the opposite gender

**Parent/Guardian:** I agree to instruct my child to abide by all rules and regulations as outlined in the Participant Code of Conduct (the "Code"). I understand that it is my duty to review the "Code" (above) and to have reviewed it and explained it to my child prior to signing this waiver. I agree that if my child fails to abide in any way by the Code, that my child can be dismissed from the camp and sent home immediately at my expense for the immediate transportation home with no right of reimbursement or refund for any amount in connection therewith from the Camp, et al., Sponsor et al., Diocese et al.

**Initials of Parent/Guardian:** \_\_\_\_\_

**Youth:** As a participant in the camp, I understand and agree to conform to the Code. I also understand and agree that my parent/guardian will be notified at the time of any infractions requiring my dismissal from the retreat and that I will be sent home at my parent's/guardian's expense. Among other things, being found with any alcoholic beverages, drugs, tobacco or weapons is cause for automatic dismissal from the Camp.

**Initials of Youth:** \_\_\_\_\_

**PERMISSION TO USE IMAGE & LIKENESS** - I acknowledge that I am aware that representatives of the Parish and/or the Diocese of Rockford intend to document this Activity through [but not limited to] video, audio, photo and printed word, including its travels and activities, and may use images and quotes from the Activity in promotional materials. I hereby grant the Parish and/or the Diocese of Rockford permission to use my own and/or my child's image and likeness in any television broadcast, photograph, video, internet site, audio-recording, and in any and all of its publications, including website entries (collectively "promotional materials") without payment or any other consideration. I understand and agree that these promotional materials will become the property of the Parish and/or the Diocese of Rockford and will not be returned. I hereby irrevocably authorize the Parish and/or the Diocese of Rockford to edit, alter, copy, exhibit, publish or distribute my child's image or likeness for purposes of publicizing or promoting the Parish and/or the Diocese of Rockford programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the promotional materials. I hereby hold harmless and release and forever discharge the Parish and/or the Diocese of Rockford from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf, my child's behalf, or on behalf of my estate have or may have by reason of this authorization.

**RELEASE** - I hereby release and discharge The Diocese of Rockford and its Bishop, and the Parish and School, and the officers, directors, employees, and volunteers of same, from all claims for personal injuries or property damage that I or my child may suffer while my child is attending and/or participating in the Activity, unless the injuries or damage resulted from willful misconduct of the Diocese, the Parish, the School or its employees. If I have provided medication for my child to take during this Activity, I hereby release and discharge The Diocese of Rockford and its Bishop, and the Parish and School, and the officers, directors, employees, and volunteers of same, from all claims for personal injuries or property damage that I or my child may suffer as a result of the administration of or lack of administration of or assistance in or lack of assistance in the administration of said medication to my child, whether by my child and/or an adult employee and/or an adult volunteer; unless the injuries or damage resulted from willful misconduct of the Diocese, the Parish, the School or its employees.

Parent/Guardian Signature: \_\_\_\_\_

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

Please Print Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

2026 STEUBENVILLE CONFERENCE  
ST. PETER PARISH YOUTH MINISTRY  
YOUTH PARTICIPANT EMERGENCY MEDICAL FORM

Date of Birth \_\_\_\_\_

**Allergies: Yes / No** If yes, please list. (Medicine, Food, Seasonal or Other)

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First number to call in an Emergency\_\_\_\_\_

Name\_\_\_\_\_

Second Emergency contact number\_\_\_\_\_

Name\_\_\_\_\_

**I give parish staff/volunteers permission to administer the following over the counter medications:**

Tylenol-Acetaminophen  Advil-Ibuprofen

Other (Please list and send with camper)

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My child has permission to carry: Epi-pen  Inhaler

**Please check and sign** \_\_\_\_\_ Date \_\_\_\_\_

How does your family treat common ailments?

Stomach ache: \_\_\_\_\_

Headache: \_\_\_\_\_

Other:

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My teen's last tetanus shot was (Date) \_\_\_\_\_

Please indicate any special instructions, or information we may need in an emergency:

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#### STUDENT OR YOUTH EMERGENCY INFORMATION

PARISH/SCHOOL/DIOCESAN ENTITY: \_\_\_\_\_ CITY: \_\_\_\_\_

FAMILY NAME \_\_\_\_\_

Only ONE EMERGENCY INFORMATION form per family unit is necessary.

Full Name of Child	Sex	Date of Birth	Special Health Condition (describe) or Medication prescribed or Dietary needs, etc.

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

Name of Mother/Guardian: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Mother's work number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Name of Father/Guardian: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Father's work number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

If divorced, name of legal custodial parent: \_\_\_\_\_

Do Mother and Father have Joint Custody? (Y/N) \_\_\_\_\_

If custodial parent cannot be reached, may we contact non-custodial parent? (Y/N) \_\_\_\_\_

RESPONSIBLE ADULT(s) who have agreed to assume responsibility for child, if parent/guardian cannot be reached.

Name	Address	Phone	Relationship to Child

Physician of Choice: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

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

Phone: \_\_\_\_\_

If I, or responsible adult, and physician of choice, as indicated above, cannot be reached in an emergency and immediate medical and/or hospital attention is indicated I hereby authorize the transporting of my child to a hospital or physician for treatment.

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

Print name: \_\_\_\_\_

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

**FORM CONTINUED ON NEXT PAGE!!!!!!**

**I fully understand the consequences of and sign this LIABILITY WAIVER AND PERMISSION knowingly, freely, and willingly.**

Signature of Youth: \_\_\_\_\_ Date: \_\_\_\_\_

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