

PRICE: \$215

(\$170 conference fee

plus \$45 hotel)



Steubenville Lone Star

Friday June 22 – Sunday June 24, 2018

Irving Convention Center, Irving, TX

Steubenville Lone Star is a weekend for high school youth to hear a clear proclamation of the Gospel through dynamic speakers, inspirational worship, and the Holy Mass! All elements are aimed at helping the youth grow in their faith journey and accept the call given to St. Francis of Assisi to “Go and rebuild My Church” in the Franciscan tradition.

See inside for cost, registration, packing, and schedule info!

<https://lifeteen.com/events/steubenville-lone-star/>

www.smlifeteen.com

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INFORMATION

- **Who:** high school teens & current 8th graders
- **What:** Steubenville Lone Star Conference
- **Where:** Irving, TX
- **When:** June 22-24, 2018
- **Price:** \$215 (with \$50 deposit) OR \$200 if paid up front

VERY limited spots – secured by deposit AND form

- Meet **Friday, June 22 @ 2pm** in Youth Room
- Expected return: Sunday at 1:30pm in Youth Room (*Please be on time to pick up your teen!*) Your teen will notify you if we run early/late in arrival.
- We will attend Sunday Mass at Conference
- Forms can be found in the Youth table and online at: <http://www.smlifeteen.com>

Don't delay – this event sold out last year and it will sell out again this year!!!

Please return the following:

- **St. Michael Youth Permission/Travel Form**
- **Deposit of \$50 by January 7th**
+credit card: <https://goo.gl/UAMZ4g>, use "LifeTeen Fee" box, put "summer conference in memo box)
+check: payable to "St. Michael Youth" memo: summer conference

All deposits/payments are non-refundable.

For more information or answers to your questions, please contact:
Richard Sesbino 972-279-6581
RichardS@stmichaelgarland.org

PACKING LIST

Everything should fit in a



Small
Duffel Bag

WHAT TO BRING

- Appropriate summer clothing for each day
- Light jacket/hoodie (in case you get cold)
- Closed-toed shoes
- Toothbrush
- Toothpaste
- Soap
- Shampoo
- Deodorant
- Wash Cloth (towels already provided)
- Shower Shoes (flip flops)
- Any other necessary bathroom items
- Extra pillow if needed (pillows already provided)
- Non-revealing** sleepwear
- Water bottle
- Bible
- Rosary
- Spending money for snacks, souvenirs, etc.
- Notebook and pen for journaling
- Prescribed medications
- Positive attitude

WHAT NOT TO BRING

- Inappropriate clothing (i.e. short shorts, spaghetti strap tank tops, etc.)
- Weapons, pocket knives, drugs, alcohol, inappropriate materials
- Mp3 players
- Handheld video games
- Portable DVD player

KEEP THIS PAGE FOR YOUR REFERENCE

ST. MICHAEL THE ARCHANGEL GARLAND, TX
Parish name

Youth Permission and Travel Form

Youth's Name _____

Home Address _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone (optional) _____

The email addresses listed below may be used for communication with myself and/or my son/daughter regarding this event.

Youth E-mail Address (please write legibly) _____

Youth Cell Phone (optional) _____

Date of Birth _____ Gender (Circle one) M or F Grade in School (2017-2018) _____ Tshirt size _____

PERMISSION TO TRAVEL

I, _____ grant permission for my child, _____ to participate in the below described parish event and youth activities. A brief description of the activity follows:

Description of event: **STEBENVILLE LONE STAR**
Date of event: **JUNE 22-24, 2018**
Destination of event: **IRVING CONVENTION CENTER, IRVING, TX**
Estimated time of departure and return: **CHECK IN 2PM FRIDAY JUNE 22, 2018; RETURN 1:30PM SUNDAY JUNE 24, 2018**
Mode of transportation to and from event: **VOLUNTEER VEHICLE**

CONSENT TO PARTICIPATE AND LIABILITY RELEASE

In consideration for allowing Youth to participate in this activity, I / We, the parent(s)/guardian(s)/conservator(s) of Youth grant permission for Youth to travel to and participate in the Event described above. I/we assume all risks and hazards incidental to Youth's participation in the Event, including transportation to and from the Event. In consideration for allowing Youth to participate in the event listed above, and on behalf of myself/ourselves and Youth's parents, legal guardians, siblings, heirs, assigns, and personal representatives, I/we hereby release and agree to fully and unconditionally protect, indemnify, and defend the Parish, the Roman Catholic Diocese of Dallas, and their respective officers, agents, and employees, (collectively, "Indemnitees") and hold each Indemnitee harmless from and against any and all costs, expenses, attorney's fees, claims damages, demands, suits, judgments, losses, or liability for injuries to property, injuries to persons (including Youth) and from any other costs, expenses, attorney fees, claims, suits judgments, losses, or liabilities of any and every nature whatsoever arising in any manner, directly or indirectly, out of, in connection with, in the course of, or incidental to Youth's participation in the Event, REGARDLESS OF CAUSE OR OF THE JOINT, COMPARATIVE OR CONCURRENT NEGLIGENCE OF THE INDEMNITEES. In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this release, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, attorneys' fees, and expenses incurred by the prevailing party.

AUTHORIZATION OF CONSENT TO TREAT MINOR

I, _____ am the ___ parent ___ guardian or ___ conservator of _____ a minor, and as such do hereby authorize **ST. MICHAEL CATHOLIC CHURCH GARLAND, TX** (Parish), its youth ministry leaders, employees, contractors and volunteers as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the laws of the jurisdiction where such diagnosis or treatment may be given, whether such diagnosis or treatment is rendered at the office of said physician, at a hospital, or at any other location. It is understood that this authorization is given in advance of any specific treatment or diagnosis, but is given to provide authority and power of treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Chapter 32 of the Texas Family Code. This authorization shall remain effective throughout the specific event dates listed above. In consideration of acceptance of this authorization, but without any time limitation and without any future right of revocation, I hereby release, defend and hold harmless the Parish and Roman Catholic Diocese of Dallas (Diocese), their officers, directors, agents, employees, volunteers, youth ministry leaders, and contractors from all claims, liabilities and loss in any way arising out of or in connection with or relating to such treatment and treatment decisions.

AUDIO/VISUAL RECORDING AND PHOTOGRAPHY CONSENT

On occasion, video recordings, audio recordings, photographic slides, and photographs are taken of children and youth during church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, advertisements and other printed media. For good and valuable consideration, I hereby grant to **ST. MICHAEL CATHOLIC CHURCH GARLAND, TX** (parish) the irrevocable and unrestricted right to make, use and/or publish any and all photographs, videos, and other images of me/my minor child (youth), or images in which me/my minor child may be included, now existing or hereafter made, in any case, with or without identifying subject for editorial, advertising, news, or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I hereby release and agree to fully and unconditionally protect, indemnify, and defend **ST. MICHAEL CATHOLIC CHURCH GARLAND, TX** (parish), the Roman Catholic Diocese of Dallas, and their respective officers, agents, and employees, (collectively, "Indemnitees") and hold each Indemnitee harmless from and against any and all costs, expenses, attorney's fees, claims damages, demands, suits, judgments, losses, or liability for injuries to property, injuries to persons (including Student) and from any other costs, expenses, attorney fees, claims, suits judgments, losses, or liabilities of any and every nature whatsoever arising in any manner, directly or indirectly, out of, in connection with, in the course of, or incidental to the use or publication of any photographs, videos, or other images of my child, REGARDLESS OF CAUSE OR OF THE JOINT, COMPARATIVE, OR CONCURRENT NEGLIGENCE OF THE INDEMNITEES.

Last Name of Youth _____

Youth Participant's Name: _____

Insurance Carrier: _____ Policy Number: _____ Insurance ID Number: _____

Medications: INITIAL All that Apply – Note: DO NOT INITIAL ALL AREAS AS ONE MAY CANCEL OUT ANOTHER

_____ This child takes no medication and will bring no medication with him/her.

_____ This child takes medication/s and will self-medicate. The child will bring all such medications necessary, and such medications will be clearly labeled. I understand that the child will be required to turn all medication(s) over to a supervising adult designated to keep medication(s). I further understand that it will be this child's responsibility to present himself/herself at a location designated for returning medication(s) to this child at the frequencies/times listed below. I understand that the adult to whom this child surrenders the medication has no medical training and this adult will not measure dosages. This child will return the medication(s) to the adult after he/she self-medicates. At the conclusion of the event it will be this child's responsibility to pick up remaining medication(s), if any, at the self-medication designated location. Names of medications and exact dosage and frequencies/times are as listed below:

NOTE: Should your child have an Emergency Injection Device (Epi-Pen), Diabetic Condition, Asthmatics with a rescue inhaler, or other special medical condition, it is important to provide a clear description as to the nature of the medical condition and any medication. This is important for situations where the youth becomes unable to self-administer these treatments and to communicate with Emergency Response Personnel. If a child, who is normally able to self-administer these medications becomes unable to self-administer or is in distress, youth ministers, volunteers, or other parish personnel will immediately call 911 to summon Emergency Medical Personnel to respond to the medical emergency. **Youth ministers, volunteers, and other parish personnel are NOT trained to administer these types of emergency medications.**

_____ This child takes medication but is unable to self-medicate. The child's parent/guardian/conservator will provide and dispense any and all needed medications.

_____ **No medication of any type** whether prescription or nonprescription may be administered to this child unless the situation is life-threatening and emergency treatment is required.

_____ **I grant permission** for the following nonprescription medication to be given to this child:

- Non-aspirin/pain reliever Yes _____ No _____ # of tablets per dosage _____
- Throat Lozenge Yes _____ No _____
- Decongestant Yes _____ No _____ # of tablets per dosage _____
- Antacid Yes _____ No _____
- Antihistamine Yes _____ No _____ # of tablets per dosage _____
- Other _____ Dosage _____

Specific Medical Information

Allergic reactions (medications, foods, plants, insects, etc.) _____

Immunizations: (date of last tetanus/diphtheria immunization) _____

Other Medications child currently takes: _____

Any disabilities or physical limitations: _____

Has child recently been exposed to contagious disease or condition such as mumps, measles, chicken pox, etc.? Y N
If so, date and disease or condition. _____

Any other special medical conditions of this youth that we should be aware of? _____

Parent/Guardian Signature Page

Youth Participant's Name

Signature of Parent/Guardian/Conservator 1

Name of Parent/Guardian/Conservator 1

Parent 1 Primary Phone Number

Name of Parent/Guardian/Conservator 2 (optional)

Parent 2 Primary Phone Number (optional)

Parent 2 Secondary Phone Number (optional)

Name of additional Emergency Contact (optional)

Phone Number (optional)

Dress Code and Code of Conduct :

1. No low cut shirts, halter tops, spaghetti straps, or shirts exposing midriffs.
2. Sleeveless tops must cover most of the shoulder (no bra strap showing).
3. No "wife beaters" or "muscle" shirts.
4. All dresses, skirts and shorts must reach at least **3 inches above the knee.**
5. No flipping the waistband on running shorts.
6. Dresses, skirts and shorts should not be tight.
7. **If your dresses, skirts or shorts do not meet the specified length, you will be required to change or wear 'our stock'.**
8. I agree to treat other participants, leaders, staff & residents with respect and understand that all adult leaders have the authority to discipline me.
9. I will always follow the schedule and guidelines given to me.
10. I understand that alcohol, weapons (including all knives), fireworks, pornography, tobacco products of any kind, illegal drugs & profane or abusive language are NOT ALLOWED at any time during this trip.
11. Sexual indiscretion (both verbal & touching) is prohibited at all times and in all cases.
12. I agree not to bring an iPod, MP3 player, and/or any other media player.
13. I agree to stay with my group at all times, so that I may be contacted at all times (emergencies).
14. I and/or my parents will be financially responsible for any damage I do to others' property.
15. I understand that I represent St. Michael , and I agree to behave in a positive Christian manner at all times and to follow the above dress code. I understand that the failure to do so may result in my parents being notified and that I may be sent home at my parents' or guardians' expense.

Youth Signature: _____ **Date:** _____