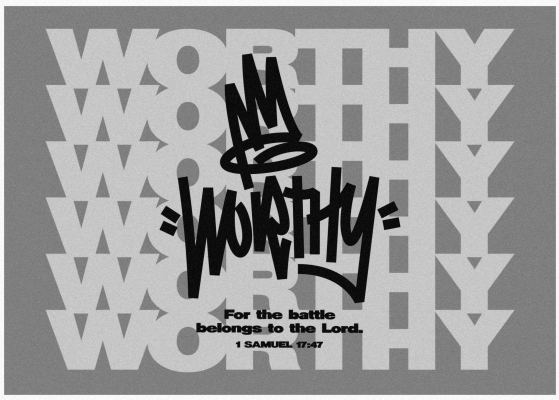
2026 Steubenville Youth Conference



Come and join us for a youth-oriented weekend conference focusing on discovering how God is our refuge. We will attend the **Main Campus 2** Conference on **June 26th - 28th**. We will leave early Friday morning and return late Sunday evening. The cost for the conference is $400 including a non-reffundable $75 registration fee. The conference will have world renown speakers, Eucharistic Adoration, Confessions, daily Mass, and so much more. Many people's lives have been touched and changed by experiencing this conference. We hope you will consider joining us this year!

Peace and All Good in Christ,
Chad Roden

Name of Student: _____ Age: _____
School: _____Grade in the Fall: Frosh Soph Jr Sr College
Student Email: _____
Address: _____
Parent Names: _____
Parent Phone: ( ) _____ Parent Email: _____
Parent Phone: ( )_____ Parent Email: _____
Emergency Contact: _____ EC Phone: ( ) _____
Parish_____T-Shirt Size:_____
Allergies, Medical Conditions, Dietary Restrictions, or Medications:

_____

_____

_____

Please return this **ENTIRE packet** and the **DEPOSIT** to the office by **December 19th, 2025.**
Spots will go fast, and are filled on a first come, first serve basis.
Please note additional forms are needed and will be sent in the future

___ Please check if you would like more information on financial aid for this trip.

Medical Treatment Authorization

As a parent/guardian, I do hereby authorize the treatment of my minor child/children listed below by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me. I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice of Privacy Rights that may be presented by the physician or health care facility. This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician due to injury or illness sustained during religious education classes, testing, and/or activities by St. Joseph/SS. John & Bernard Parishes Youth Ministry Program.

Names of Children	**List of allergies, medications, or other pertinent information**
______________________	____
______________________	____
______________________	____
______________________	____

Emergency Contacts: ____

____

____

Health Insurance Information

Company:_______________________________ Policy#: _________________________________

Group#:_________________________________ ID#:____________________________________

Family Physician Name:________________________________ Phone:______________________

Address:____City:_________________________

Date:________________Parent Signature:____

Print Name:____

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Photo Release:

With my signature, I hereby grant permission to St. Joseph and SS. John & Bernard Parishes to publish my child's/ children's names, photos, or video images in connection with a display, feature story, or other publication as deemed appropriate by the Parish. This photo may be used in connection with parish bulletin boards, parish or youth ministry websites, publicity materials, and/or parish bulletins.

Permission is granted by : ____

Printed Name:____________________________ Relationship to child: ______________________

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