

Office Use Only: Rcvd \_\_\_\_\_ Paid \$ \_\_\_\_\_

**PARENTAL CONSENT FORM for Steubenville Conference  
July 27-29 2019**

Participant Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade 2017~2018 \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work/Cell Phone \_\_\_\_\_

**Shirt Size (ADULT SIZES): S M L XL XXL Cost \$235**

**E-mail address :** \_\_\_\_\_ (this will allow us communicate with you during the program)

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

\_\_\_\_\_  
Name Relationship Phone Number

**HEALTH INFORMATION:**

Medication my child is taking at present \_\_\_\_\_

For headache or minor pain, my child may be given \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Insurance Company \_\_\_\_\_ Family Health Plan carrier number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

I, \_\_\_\_\_, GIVE PERMISSION FOR \_\_\_\_\_  
Parent or Guardian Name Child Name

TO PARTICIPATE IN THE ABOVE-DESCRIBED EVENT. I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify TRANSFIGURATION CATHOLIC CHURCH from any claims or law suits brought by myself, my child, or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school in defense of such a claim/suit.

**I agree to drop my child off at the University of St. Thomas. I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the Code of Conduct provided by the TRANSFIGURATION CATHOLIC CHURCH while participating in the event. I understand that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.**

Check here if you do not want your child's picture used for public display

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Yes I have filled out a background check form at Transfiguration  
 No I have not filled out a back ground check form at Transfiguration

## Steubenville Conference CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing

TRANSFIGURATION CATHOLIC CHURCH

On **7.27-29.2018** at all events pertaining to **Steubenville conference**

***Please read and sign.***

I, \_\_\_\_\_, **WILL:**  
Printed Name of Youth Participant or Leader

- Students are representatives of Transfiguration Church, the Summer Stretch Program, and the Archdiocese of St. Paul and Minneapolis; we ask them to project an image of Christian consideration, sensitivity, and respect for others and the property around them.
- Appropriate clothing; no tanktops or short shorts(longer than finger tips resting at your side) at work sites and when swimming (only one pieces bathing suits or tankinis)
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Not have in my possession any tobacco, alcohol, or any controlled illegal substance.
- **If a student is sick or unable to attend, please notify Justin Kortuem at 651-501-2202 or email at [jkortuem@transfigurationmn.org](mailto:jkortuem@transfigurationmn.org) as soon as possible.**
- Have fun!

I agree to the terms listed above and understand if any of these terms are violated, Transfiguration can send the participant home at the participant/guardian's expense.

\_\_\_\_\_  
Youth Participant Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Please return to: Justin Kortuem at the parish office