

Steubenville Atlanta 2018

REVEALED

✠
1 John 4:9
✠

July 6th-8th, 2018

What 's the Plan?

Who: All High School youth

Where: 6400 Sugerloaf Pkwy
Duluth, GA. 30097

Cost:
\$ 175

Drop off: Friday, July 6. 9:00 am
SJN Parking Lot

Pick up: Sunday, July 8. 5:30 pm
SJN Parking Lot

Transportation: Adult Drivers

How to Register?

Completely fill out this form and return it to Meg with \$75 deposit

Start getting pumped for one of the greatest experiences of your life!

Any questions:
Contact: Meg VanGoethem
Meg@4sjnc.org

Emergency Contact during the Event:
Katie Knoefel
(704) 301-7960

What to bring?

Need to have:

Pillow, blanket, clothes for the weekend, sweatshirt (it gets cold at the Conference), toothbrush, shower stuff, snack to share, money for two food stops along the way, good attitudes, positivity.

Could have:

Ipod (for bedtime or the car), games for the car, money to purchase things at the conference, snacks for the hotel.

Please DO NOT have:

Bad Attitudes, weapons, drugs, alcohol, escape plans.

Steubenville Atlanta 2018

PERSONAL INFORMATION

PARTICIPANT NAME:

GENDER:

STREET:

TEE-SHIRT SIZE:

CITY:

STATE:

ZIP:

SCHOOL:

GRADE:

AGE:

PARENT NAME:

HOME PHONE:

PARENT CELL:

PARENT EMAIL:

PRIMARY PHYSICIAN:

PHYSICIAN PHONE NUMBER:

INSURANCE COMPANY:

POLICY NUMBER:

HEALTH HISTORY: Please list any and all allergies, health conditions or concerns.

MEDICATIONS: Please list any medications being taken, reason for taking them and dosage.

RELEASE

I hereby consent to participation by my child in the event titled above. I understand that a portion of this event will take place away from parish grounds and that my child will be under supervision of the designated supervisor(s) and adult chaperones. I further agree that I have received information about this event and consent to the conditions of participation in this event, including the method of transportation (cars). I give my permission for my child, in case of an emergency, to be taken to a physician or hospital by either the supervisor in charge or by an adult chaperone. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected to hospitalize and secure proper treatment (including surgery) for my son/daughter/guardianship.

I give permission for the Diocese of Charlotte and/or St. John Neumann Catholic Church to make use of pictures of my child for parish or diocesan publications and websites. I hereby release the Diocese of Charlotte, St. John Neumann Catholic Church and all of its affiliated entities, including its employees and volunteers from all liability for any damages suffered as a result of or relating to this trip and the use of any photograph, slide, videotape or audiotape of my child while participating in the program.

PARENT/GUARDIAN NAME (PRINTED):

PARENT/GUARDIAN SIGNATURE:

DATE: / /