



Steubenville Atlanta 2020

“Restore us, O God; let thy face shine, that we may be saved.” – Psalm 80:3

COST: \$325

(If you need a payment plan there is a schedule available on the back.)

All forms and money are due on May 24th

Leaving: July 10th at 7:30am

Returning: July 12th at 7pm

*****Please make sure to fill out both sides of the form attached and it must be notarized. You will also go to the link (<https://paperwork.lifeteen.com/c/7NV3>) to fill out the participant agreement/liability form for the conference. When you get the link, you will select new participant, then submit, and fill out all the information.***

We will have a meeting on June 17th at 6pm.

We have limited spots so it is first come first serve basis.

We will be staying at the La Quinta Inn in Duluth, Georgia and the conference is located at the Infinite Energy Center.

For more information, you may contact Ashlie Moran at 228-297-2811 or youthministry@saintthomaslb.org

Steubenville Atlanta 2020 Payment Plan

-First Payment of the nonrefundable \$50 deposit per person
Due: March 8th, 2020

-Second Payment \$100 per person
Due: March 22th, 2020

-Third Payment \$50 per person
Due: April 26th, 2020

-Fourth Payment \$50 per person
Due: May 10th, 2020

-Fifth Payment \$75 per person
Due: May 24th, 2020

PARENT REQUEST TO PARTICIPATE & MEDICAL RELEASE FORM

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a church/school-sponsored event. This activity will take place under the guidance of Ashlie Moran. A brief description of the activity follows:

Name of Event: Steuvenville Atlanta 2020

Destination: Duluth, GA

Designated Supervisor of Activity: Ashlie Moran

Date and Time of Departure: July 10th @ 7:30am returning July 12th @ 7pm

Method of Transportation: BUS

Approximate Cost: \$325

If you would like your child to participate in this event, please complete, sign, and return the following statements of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

I hereby consent to participation by my child, _____

In the event described above. I understand that this event will take place away from the church/school grounds and that my child will be under the supervision of the designate chaperons on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

Print Parent's Name Cell Phone Email

Parent's Signature Date

SWORN TO and subscribed before me on this _____ day of _____ 20 _____

NOTARY PUBLIC
(Seal)

My commission expires: _____

YOUTH

Youth Trips & Other Functions MEDICAL RELEASE AND INFORMATION FORM (Medical Information for Overnight Trips/Retreats Only)

Name of participant _____

DOB _____

Medication presently on (Name and dosage for each)

Allergies (Foods, Medication, etc.):

Any other Medical conditions (asthma, diabetes, seizures etc)

Date of last tetanus shot _____

Parent contact: _____ **Work Phone** _____ **Cell Phone** _____ **Email:** _____

Contact Person (alternate) _____ **Home Phone** _____ **Work Phone** _____ **Cell Phone** _____

I hereby give my permission for my child to be administered medical help in case of an emergency. If you have medical insurance please indicate the following:

Insurance Company: _____ Phone: _____

Policy Name: _____ Policy Number: _____

Family Doctor: _____ Doctor's Phone Number: _____

Parents(s) Guardian(s) signature _____ Date: ___ / ___ / ___

Sworn To and subscribed before me on this _____ day of _____ 20_____

Notary Public (seal)

My commission expires: _____