

 LIFE TEEN

# WEST STEUBENVILLE

UNIVERSITY OF ARIZONA

TUSCON, AZ - JULY 13-15, 2018

[STEUBENVILLEWEST.COM](http://STEUBENVILLEWEST.COM)

**\$200 REGISTRATION**  
**\$50 NON REFUNDABLE DEPOSIT**

ALL PAPERWORK AND PAYMENTS DUE JUNE 15

Contact Zack Zuvich or James Jonson for more information  
[ZZUVICH@HFLENDALE.ORG](mailto:ZZUVICH@HFLENDALE.ORG) | [JJONSON@HFLENDALE.ORG](mailto:JJONSON@HFLENDALE.ORG)  
818.247.2222 EXT. 214 / 215

## **Steubenville West 2018** **Payment Plan**

You are holding this packet because your teen is interested in attending our Steubenville Summer Conference trip at the University of Arizona! We realize that all of the programs your teen might be involved in can really be a struggle to afford financially. That is why we have instituted a payment plan that, if started on time, should make paying for this event much easier!

**Below are the suggested payment dates:**

**April 15th -\$50.00**

**May 15th - \$75.00**

**June 1st - \$75.00**

**For all paperwork & payment submission, please contact:**

James Jonson  
[jjonson@hfglendale.org](mailto:jjonson@hfglendale.org)  
(818) 247-2222 x215

**For all other inquiries and details pertaining to the conference, please contact:**

Zach Zuvich  
[zzuvich@hfglendale.org](mailto:zzuvich@hfglendale.org)  
(818) 247-2222 x214

## PARTICIPANT'S INFORMATION:

REGISTRATION TYPE:  Group Leader  Chaperone  Youth

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ GENDER:  M  F

GRADE ENTERING:  9  10  11  12  JUST GRAD.

DIETARY RESTRICTIONS/FOOD ALLERGIES: \_\_\_\_\_

## EMERGENCY CONTACT:

NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

## HEALTH INFORMATION:

DOCTOR: \_\_\_\_\_

DOCTOR PHONE #: \_\_\_\_\_

HEALTH INSURANCE?:  YES  NO

If yes:

INSURANCE CO.: \_\_\_\_\_

INSURANCE ID #: \_\_\_\_\_

INSURANCE GROUP #: \_\_\_\_\_

CARDHOLDER'S NAME: \_\_\_\_\_

MEDICINAL ALLERGIES: \_\_\_\_\_

## CHRONIC MEDICAL PROBLEMS OR PHYSICAL RESTRICTIONS

(e.g. diabetes, depression): \_\_\_\_\_

CURRENT MEDICATION & DOSAGE (prescription & over the counter):  
\_\_\_\_\_

REASON FOR CURRENT MEDICATION: \_\_\_\_\_

Life Teen may administer the following over the counter medication to this participant (please check all that may be taken):

- Tylenol/Acetaminophen  Motrin/Ibuprofen  
 Benadryl/Dephenhydramine HCL  Cough Drops  
 Tums/Mylanta/Antacid

## WAIVER:

I, \_\_\_\_\_, am either an emancipated adult or the parent or guardian of a minor child who will be participating in the Life Teen Inc. event. I am fully aware that my own/my child's participation in The Event is totally voluntary. In consideration of Life Teen's agreement to permit me/my child to participate in The Event, the receipt and sufficiency in which consideration is hereby acknowledged, I agree as follows:

I, individually, and on behalf of my minor child, if applicable, and our respective heirs, successors, assigns and personal representatives, hereby:

1. Release, acquit and forever discharge Life Teen and their employees, agents, servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability whatsoever for any and all damages, losses or injuries to persons or property or both which arise out of, during or in connection with my/my child's participation in The Event which may be sustained or suffered by me/my child or any person in connection with my/my child's association with, or participation in, activities at, sponsored by, or arising out of my/his/her travel to or from The Event;
2. Agree to indemnify, defend and hold harmless Life Teen and their employees, agents, servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability, loss or damage they incur or sustain as a result of any claims, demands, actions, causes of action judgments, costs or expenses, including attorneys fees, which result from arise out of relate to my/my child's participation in The Event including my/his/her travel to or from The Event.

I hereby acknowledge and accept that:

1. There are certain risks arising from various activities, including but not limited to bodily injury, that could result from my/my child's participation in The Event. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of Life Teen's permission to allow me/my minor child to participate in The Event;
2. My and, if applicable, my child's personal property is at my risk entirely;
3. Life Teen reserves the right to decline to accept or retain me/my child in The Event at any time should my/his/her actions or general behavior impede the operation of The Event or the rights or welfare of any person. I understand that I/my child may be required to leave The Event in the sole discretion of Life Teen's agents and representatives. In such an event, no refund will be made for any unused portion of The Event. I understand that Life Teen, in its sole discretion, reserves the right to cancel The Event or any aspect thereof prior to commencement.

I represent and warrant that I am/my child is covered throughout The Event by a policy of comprehensive health and accident insurance which provides coverage for injuries which I/he/she may sustain as part of my/his/her participation in The Event or that we accept full responsibility for any and all expenses that are incurred due to injuries which I/he/she may sustain as part of my/his/her participation in The Event. I agree to complete the HEALTH INFORMATION above to the best of my ability and, by its completion, I hereby release and discharge Life Teen of all responsibility and liability for any injuries, illnesses, medical bills, charges or similar expense/he/she may incur while participating in The Event. By completing the form, I hereby authorize Life Teen to obtain any necessary medical treatment to myself/my child, consent to any necessary examination, treatment, or care under the supervision and/or advice of any properly licensed medical professional and explicitly authorize Life Teen to release medical information about me/my child to any person or entity to whom Life Teen refers me/my child for medical treatment.

I agree that this Agreement is to be construed pursuant to the laws of the State of Arizona and is intended to be as broad and inclusive as permitted by law, and if any portion hereof is held invalid, it is agreed that the balance hereof shall continue in full legal force and effect. In addition, I agree that any legal action arising out of or in relation to this Agreement must be brought in a Maricopa County, Arizona court.

I hereby grant to Life Teen my consent without reservation to use, assign, convey, reproduce, copyright, publish or sell my/my child's name, voice, image, and/or likeness that arises from his/her participation in The Event, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at Life Teen's sole discretion.

In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights as well as, if applicable, those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_

## **KEEP THIS SHEET FOR IMPORTANT INFORMATION** **REGARDING THE TRIP**

Parents will drop their teens off and pick up teens at Holy Family Grade School Auditorium located at 400 S. Louise St., Glendale, CA 91205. You may drop off and park at the grade school parking lot adjacent to the building.

Teens are asked to be dropped off no later than 9:00pm on Thursday, July 12. You may pick up your teen on Sunday, July 15 @ 10:00pm.

### **What to Pack / Checklist**

- Clothing appropriate for church & for warm weather
- Sleeping Bag & Pillow (Mattresses will be provided w/o bedding)
- Towels & Washcloths (**Mandatory**)
- Toiletries including SUNSCREEN
- Camera (**Optional**)
- Rosary, Journal, Bible (**Optional, but a good idea!**)
- A few dollars for the Steubenville Bookstore (**Optional**)
- Prescription Medication (i.e. inhalers for Asthma)

**\*You are responsible for bringing your own medication\***