

**Franciscan University**  
**Steubenville Youth Conference**  
**July 17-19, 2026**  
**ST. MARK Registration Form**

Name of Teen: \_\_\_\_\_

Name of Parents: \_\_\_\_\_

Address: \_\_\_\_\_  
(include city & zip code)

Parent(s) Cell Phone Number(s): \_\_\_\_\_

Parent Email Address(es): \_\_\_\_\_  
\_\_\_\_\_

Youth Cell Number (for emergencies): \_\_\_\_\_

Youth Email Address: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_  
(Adult S - M - L - XL only)

School: \_\_\_\_\_

**Please return this form AND \$100 deposit (cash or check made out to St. Mark Catholic Church) to the RE/YM Office by Wednesday, April 15.**

**The total cost:**

**\$350**

(\*all balances (remaining \$250 after deposit) are due by **Thursday, June 11<sup>th</sup>**)

**Dropping out after **April 30<sup>th</sup>** will require you to pay the **balance due.****

**If you have any questions or concerns, please contact  
Jamie Cross at 703-938-5656 or [jcross@stmark.org](mailto:jcross@stmark.org).**

**Participant's Covenant:**

I, \_\_\_\_\_, am a participant of the *ST. MARK* Steubenville Youth Conference.

**This covenant is in effect from the moment I arrive at *ST. MARK* on Friday morning to Sunday evening when I arrive back to *ST. MARK* at the end of the conference. As a participant, I will be expected to:**

- ◆ Be aware of and promote individual and group safety at all times. Be sensitive to heat-related headaches and dehydration symptoms.
- ◆ Participate fully in all planned activities, group sessions, and general sessions and programs.
- ◆ Stay near my adult chaperones at all times. Individuals are not permitted to go off on their own.
- ◆ Respect facilities on the bus and while at Franciscan University. Participants are responsible for the condition of their bus seat/dorm room. Damage to the building, furniture or equipment will be charged to those responsible.
- ◆ Respect each other's privacy in rooms and in designated bathroom. Adult chaperones will have separate rooms for sleeping and will shower in a separate designated bathroom.
- ◆ Observe the lights-out time. Rest is important in order to safely and fully enjoy the conference. Obey the lights-out rule!
- ◆ No visitors from other rooms/dorms are allowed in your room unless approved by an Adult Chaperone.
- ◆ No disruptive behavior in the room, the Field House and on campus. Keep reverence in the Christ the King Chapel at all times!
- ◆ No negative humor – putting others down to lower their self-esteem while getting a laugh from others.
- ◆ No involvement in pranks. There will be consequences for any participant attempting such pranks.
- ◆ Leave all valuables and personal electronics at home. Personal gaming devices, iPods, etc., are not to be packed for this conference. This is a conference for interacting with and meeting new people, not isolating oneself. If you are observed using your phone, it will be taken away.
- ◆ No smoking or consuming alcohol or illegal drugs at any time during the retreat. Anybody found participating in these activities **will be sent home immediately** at their parent's expense and will not be refunded any paid conference fees.

***MY PROMISE: I freely execute this Acknowledgement with full knowledge of its content. I promise to live by these guidelines and expectations in my attitude and my actions. I will also encourage other participants to live with this promise. I understand that if I choose by my attitude or by my actions to not live up to these expectations, I will face consequences, which may include being sent home immediately at my parent's expense. No refunds will be given for any portion of the conference or bus transportation.***

\_\_\_\_\_, **Signature of Participant**

**Parental Permission and Liability Release:**

As parent/legal guardian of the participant named above, I (we) do hereby give my (our) permission for him or her to participate fully in the event described on the reverse side of this sheet. I (we) do for myself (ourselves) and for and on behalf of my (our) child (referred to here as "participant") do release, forever discharge and agree to hold harmless *ST. MARK* Catholic Church, its directors, employees, and agents thereof from any and all liability, claims, and demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned or the participant resulting from said participant's involvement in the above described event (including transportation between the participant's home, *ST. MARK* Catholic Church, and the event location). Furthermore, I (we) on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event. Further, authorization and permission are hereby given to *ST. MARK* Catholic Church, its directors, employees, and agents thereof to furnish any necessary transportation, food, or lodging for the participant while he or she is involved in the above described event. I authorize *ST. MARK* Youth Ministry to use my child's picture or video recording for educational and/or marketing purposes. Parents/guardians who do not wish their child to be photographed or filmed should so notify *ST. MARK* Youth Ministry in writing. I (we) hereby authorize *ST. MARK* Catholic Church, its directors, employees, and agents thereof to admit the participant to a doctor, hospital, or other licensed health care provider for medical treatment and assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons I (we) do hereby assume responsibility for the participant's transportation home and any costs related thereto.

**Consent Form for Students/Child to be driven by Private Party**

I, \_\_\_\_\_, (father/mother) of \_\_\_\_\_ (student/child), give my permission for him/her to participate in the Steubenville event with his/her church group on **July 17-19, 2026**. I understand that participation in this activity involves inherent risks of injury and/or illness to my child, including without limitation, risks associated with transportation by bus transportation. I give consent for my child to be transported in a bus by a certified, approved and local bus company. I understand that the bus company carries a COI (Certificate of Insurance). In the event of an accident, I agree to indemnify and hold harmless *ST. MARK* Catholic Church, to include but not limited to, the Diocese of Arlington, The Most Reverend Michael Burbidge and his successors in office and employees, from any and all liability, loss damages, costs, or expenses which are sustained, incurred, or required arising out of the accident, including the cost of any medical care or lost-time wages or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by the bus driver in the course of them driving to and from the conference.

**I further give my consent** that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

I freely execute this Acknowledgement with full knowledge of its content.

Signature of Parent

Date