STEUBENVILLE ATL

July 12th—14th Infinite Energy Center

This event is open to all current 8th-12th graders Forms and check for \$215 are due April 28th Contact Leigh Anne Butrum at Ibutrum@saintbrigid.org with any questions

Name of Participant:	Goes By:	Gender
Date of BirthGrade (2018-19) T-Shirt SizeH	igh School:
Parent / Guardian's Name		
Address:		
Parent phone #:	Teen Cell #	
Parent E-Mail:	Teen E-Mail:	
Any allergies/special needs we need to be aw	vare of:	
I am interested in hosting the girls / guy	ys (please circle one) at my house at	night for the weekend.
Please contact me with more info about	t hosting the girls / guys at my house	at night for the weekend.
I am interested in helping to drive a gro	oup of teens (if needed) to/from the c	conference each day.
I would prefer NOT to sleep at the sam	e place as the group (go home each)	night).

I, (Parent/Guardian above), grant permission for my child, (Participant above), to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and /or volunteers from the parish. A brief description of the activity follows:

Type of Event:Steubenville Atlanta ConferenceDestination of Event:Infinite Energy Center (Duluth, GA) & Host family's houseIndividual in Charge:Leigh Anne ButrumEstimated time of Departure and Return:July 12, 2019 @ 2:00pm-July 14, 2018(about) 2:00pmMode of transportation to and from event:Adult carpool or bus

As a parent and / or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend this **PARISH** (listed above), its officers, directors, and agents and the **ARCHDIOCESE OF ATLANTA**, Georgia, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Atlanta, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

I / We hereby grant permission for publication of group (two or more persons) photo taken at youth events.

Signature of Parent / Guardian _____ Date _____ **Please return this form to Leigh Anne Butrum in the Life Teen Office along with a \$215 check by April 28, 2019. Make checks out to Saint Brigid Catholic Church**