

Steubenville Youth Conference

June 25-27, 2027

Joliet - Benedictine University in Lisle, Illinois


Kris Frank


Noelle Garcia


David Calavitta


Maggie Craig


Fr. Fernando Camou


Sonar Worship

Inspiring Speakers, Praise & Worship Music, Adoration & Mass

STEUBENVILLE CONFERENCES

We need a deposit of $50 by November 15, 2026 to hold your spot and then the balance will be due in March.

Payment by Cash, Check payable to St. Scholastica or Online Giving to STORM Payments.

8th Graders & Other 1st Time Attendees & Returning Teens that attend STORM regularly AND help with fundraising will ONLY pay $150 Total!!! We will be fundraising the rest.

The conference is life changing and is open to current 8th Graders through graduating seniors. Throughout the weekend we will have Adoration, Reconciliation, Mass, hear amazing nationally known speakers in general sessions and in gender divided sessions. We will pray and play together as a group. This is our eighth time participating, and each time has been a transforming encounter with the Holy Spirit. Return your form to Jennifer Olson in the Parish Office. If you have any questions, please contact Jennifer: 630-885-6439 or youthministry@stsparish.org.

You can see videos of the speakers at the Steubenville website or on Youtube.

Housing will be at Benet Academy in Gender Divided Classrooms.

Permission Form is on the Back!



ST. SCHOLASTICA & CHRIST THE SERVANT S.T.O.R.M. YOUTH MINISTRY
June 25-27, 2027 STEUBENVILLE JOLIET PERMISSION FORM

Participant's Name: _____ **Birth Date:** _____ **Age:** _____ **(Circle): M F**

Address: _____ **City, State, Zip:** _____

Parent Name: _____ **Cell #:** _____

Parent Name 2: _____ **Cell #:** _____

Parent Email: _____ **Teen Email:** _____

Teen Cell #: _____ **School:** _____ **Grade:** _____

GENERAL PERMISSION FORM

I request that my child, _____, be allowed to participate in the Joliet Steubenville Conference at Benedictine University with overnight at Benet Academy in Lisle, IL on June 25-27, 2027. I hereby release and indemnify my parish, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.
I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Parish: St. Scholastica, Benet Academy, and the Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation in the trip.

Code of Behavior

I acknowledge that I am representing our diocese/parish during this event, and I will represent us well. I will adhere to all Diocesan Guidelines and display responsible, mature, and respectful behavior in my words, actions, and usages.

Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate respect and common courtesy at all times. Inappropriate language/behavior/conduct will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the values of modesty and respect, and inscriptions and images on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverages is prohibited.
6. The possession of any illegal substances is prohibited and subject to legal action.
7. Smoking, vaping, e-cigerettes, smokeless tobacco, and cannabis in any form are prohibited.
8. Weapons and/or drug paraphernalia are prohibited.

Infraction of these rules can mean immediate dismissal with no refund.
I understand and agree to the Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal my guardians (if under the age of 18) will be notified and/or I will be responsible for any and all costs related to the participants dismissal from activities and any all costs assessed by local authorities

Parent/Guardian Initial _____ **Participant Initials** _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child, _____by the people in charge of the event and those transporting my child to and from the event as their judgement deems advisable and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay of such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery if deemed necessary for my child.

Allergic to medication? NO YES (circle one)

If YES, please describe: _____

Allergic to Other: _____

Other Conditions: _____

Food Requirements: _____

INSURANCE INFORMATION

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____

Authorized Physician: _____

Phone #: _____

VIDEOTAPING,PHOTOGRAPHS AND VIRTUAL PLATFORMS
Video, and photos may be taken during this event. This authorization form constitutes permission for my child's participation in the video and/or photos, which may be used for future promotional efforts, including the Parish or Diocese of Joliet website. Additionally, this form constitutes permission to participate in virtual platforms such as Zoom, Google, Seesaw, Flocknote, etc. for the purpose of programmic content.
Emergency Contact - In case of Emergency, contact:

Name & Relation: _____

Phone: _____

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____