

JULY 26TH — 29TH STEUBENVILLE NW CATHOLIC YOUTH CONFERENCE

High School Youth Ministry Summer Retreat!

The Steubenville Catholic Youth Conference is a life-changing and faith-filled summer retreat for teens. This summer St. John the Evangelist High School Youth Ministry, Life Teen, will be attending this retreat – and we want all high school aged teens to attend (All teens entering their Freshman year in the Fall 2018 to all those teens who are just graduating in the Class of 2018 and all those in between). We will be going on this trip from Thursday, July 26th until Sunday, July 29th. First, we will go on Thursday to Silverwood Theme Park in Athol, ID, and then attending the Steubenville Catholic Youth Conference at Gonzaga University in Spokane, WA. The group will most likely be traveling by groups in passenger vans and most meals will be provided. For more info, contact Nick Longo

St. John Evangeist





Dates: Thursday, July 26th – Sunday, July 29th

On the First Day of the Trip this summer we will be going to Silverwood Theme Park!!!

We have limited spots. Spots will be filled fast!

Total Cost: 4 instalment payments of \$50

Don't wait to register with your first \$50 deposit on the total cost.

Scholarships available.

WANT MORE INFO?

Contact Nick Longo 503-208-5237 www.sjvministries.weebly.com

Instagram/Snapchat: @sjvministries







Registrations & Liability/Permission Form

St. John the Evangelist, Vancouver, WA

ame:	Parent Email:		
een Phone #:	Parent Phone	#:	
een Age after July 26th:	Teen Grade In Fall of 2018:	Teen T-Shirt Size:	
TRIP DETAILS			
Name of the Event: Steubenville Nor	thwest, Catholic Youth Conference, Summer	High School Retreat Trip	
	, Athol, ID / Gonzaga University, Spokane, WA	-	
Designated Administrator of the Act	ivity: Mr. Nick Longo		
Date and Time of Departure: Thursd	ay, July 26, 2018, 5:30 A.M. @ St. John the Ev	angelist	
Date and End of Event: Sunday, July	29, 2018, 9:00 P.M. @ St. John the Evangelist	*This time is subject to change*	
Cost: \$200 (If Registered by Sunday, .	June 3rd, 2018), \$215 (If Registered After Sun	iday, June 3rd, 2018). A deposit of \$	50 is due
at the time of registration.			
Deposits are automatically kept after	you register. Final payments are due by Sund	day, July 1st, 2018. If you drop out a	after
Sunday, July 1st, 2018, St. John the E	vangelist will keep your entire payment. We o	do this because we submit final nun	nbers to
Steubenville and for every spot we d	on't fill, we lose \$215 (plus other trip expense	es). Thank you for your understandi	ng on that!
If a teen is in need of a scholarship, p	lease have your teen fill out the scholarship re	equest form (request form from Nick	k Longo)!
Transportation: Large Passenger Van	Carpool *Subject to change*		
Registration Deadline: Sunday, July 1	lst, 2018 (NO REGISTRATIONS ACCEPTED AFT	TER THIS DATE, WE ONLY HAVE 40	SPOTS!)
Your teen is fully registered when th	ney have turned in the following: 1) St. John t	the Evangelist Registration &	
Liability/Permission Form 2) Expecta	tions for youth participants form 3) Steubenvi	ille Liability Release Form 4) Code o	f Conduct
Form 5) \$50 deposit - must be compl	eted by Sunday, July 1st, 2018.		
If you would like your child to partici	pate in this event, please complete, sign and i	return the following statement of c	onsent and
release of liability. As a parent or lega	al guardian, you remain fully responsible for a	any legal responsibility, which may r	result from
any personal actions taken by the na	med student.		
Any specific medical needs or food a	llergies that the administrator should be awar	re of? Yes No	
ii yes, piease explaiii.			
Please Note: Teens that have extrem	ne food allergies are asked to bring extra foo	od with them on the trip	
I hereby consent to participation by my c	hild, in the ev	vent described above. I understand that	this event
	ties and that my child will be under the supervision		
I further consent to the conditions stated	above regarding participation in this event, includi	ing the method of transportation. In con	nsideration
of my child being allowed to participate in	n this event, I covenant not to sue or bring any caus	se of action against Church of the Holy F	amily, the
Catholic Youth Organization, the Diocese	of Syracuse, any and all affiliated organizations, the	eir employees, agents and representativ	es,
	mands or causes of action of whatever kind and na		
•	ind that my teen must abide by the "Rules & Code		•
	e rules in that form, they could face consequences		
for Holy Family Life Teen to take photos a	and post images on their personal website and soci	al media pages for promotional purpose	es only.
		/DATE	
Parent/Guardian Name Printe	ed Parent/Gu	ıardian Signature (DATE))



Archdiocese of Seattle

Parental/Guardian Consent Form and Liability Waiver

Participant's Name:	Date of Birth:
Parent/Guardian's Name:	
Home Address:	
Home Phone:	Work Phone:
e-mail:	
	grant permission for my child, (Child's Name) to participate in this organization-sponsored
event that requires transportation to a location awa	ay from the organization site. This activity will take place under the and/or volunteers from
A brief description of the activity follows:	(Name of Organization)
Type of event:	
Location of event:	
Individual(s) in charge:	
Date and time of departure:	Return:
Mode of transportation to and from event:	
Cost:	
child is 4 feet 9 inches or taller. A child who is	ars old must be restrained in child restraint systems, unless the 8 years old or older, or 4 feet 9 inches or taller, must be properly y belt or an appropriately fitting child restraint system. Children reseats where it is practical to do so.
As parent and/or legal guardian, I remain legally re participant.	esponsible for any personal actions taken by the above named minor
fend (Organization) Corporation of the Catholic Archbishop of Seattle, and all actions, claims, demands, damages, connection with my child attending the event or in connection therewith, and I agree to compens	ein, or our heirs, successors and assigns, to hold harmless and de, its officers, directors and agents, and the chaperones, or representatives associated with the event, from any osts, expenses and all consequential damage arising from or in a connection with any illness or injury or cost of medical treatment in sate the organization, its officers, directors and agents, and the tile, chaperones, or representatives associated with the event for therewith.
Parent/Guardian Signature:	Date:

Participant's Name:	
Medical Matters:	
I hereby warrant that to the best of my k the health of my child.	nowledge, my child is in good health, and I assume all responsibility for
Emergency Medical Treatn	nent:
	give permission to transport my child to a hospital for emergency medical ed prior to any further treatment by the hospital or doctor. In the event of an ne at the above numbers, contact:
Name:	·
	Phone:
	Phone:
Family Health Plan Carrier:	Policy #:
Parent/Guardian Signature:	Date:
Specific Medical Informatio	(The organization will take reasonable care to see that the following information will be held in confidence):
	ants, insects, etc.):
Immunizations- date of last tetanus/diph	theria immunization:
Does child have a medically prescribed of	diet?
Any physical limitations?	
Is child subject to chronic homesickness	, emotional reactions to new situations, sleepwalking, bedwetting, fainting?
	agious disease or conditions, such as mumps, measles, chickenpox, etc
You should be aware of these special me	edical conditions of my child:
ministry/parish/school events and gather and diocesan publications, and the min required. Names will not be posted unli	Dnsent: From time to time, pictures and video may be taken of youth ings. We would like to able to use these photographs and videos for flyers, parish listry website. Written consent of both the student and the parent/guardian is ess written authorization is given by the student and parent/guardian, and then re concerns about pictures or videos posted on the website, please contact the promptly be removed.
without limitation or reservation, to	(name) authorize and give full consent, (organization) to publish any
	re named student appears while participating in any program associated with (organization). There will be no compensation for use of any
photograph or video at the time of public	ation or in the future.
Student Signature:	Date:
Parent/Guardian Signature:	Date:



☐ Tylenol/Acetaminophen

☐ Tums/Mylanta/Antacid

 \square Benadryl/Dephenhydramine HCL \square Cough Drops

☐ Motrin/Ibuprofen

STEUBENVILLE 2018 LIABILITY RELEASE FORM

(for youth and chaperones)

GROUP LEADER: Nick Longo
GROUP NAME: St. John the Evargely

PARTICIPANT'S INFORMATION:		WAIVER:		
REGISTRATION TYPE: Group	Leader \square Chaperone \square Youth	l,, am either an emancipated adult or the		
LAST NAME:		parent or guardian of a minor child who will be participating in the Life Teen Inc. eve 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 I		
FIRST NAME:		receipt and sufficiency in which consideration is hereby acknowledged, I agree as follows:		
ADDRESS:		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,		
CITY:		servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability whatsoever for any and all damages, losses or		
STATE:	ZIP CODE:	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;		
PHONE #:		Agree to indemnify, defend and hold harmless Life Teen and their employees, agents, servants, officers, trustees and representatives, in their official and individual		
EMAIL:	**************************************	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		
BIRTH DATE:	GENDER: M F	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.		
GRADE ENTERING: ☐ 9 ☐ 1	0 🗌 11 🗎 12 🔲 JUST GRAD.	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		
DIETARY RESTRICTIONS/FOOD ALLERGIES:		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 Th Event;		
EMERGENCY CONTAC		 My and, if applicable, my child's personal property is at my risk entirely; 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.		
PHONE #:		I represent and warrant that I am/my child is covered throughout The Event by a policy of		
RELATIONSHIP TO PARTICIPANT:		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. 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,		
HEALTH INFORMATION	ON:	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		
DOCTOR:		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		
DOCTOR PHONE #:		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.		
HEALTH INSURANCE?: □ YE If yes:	S □ NO	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 in the state of the s		
INSURANCE CO.:		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.		
INSURANCE ID #:		I hereby grant to Life Teen my consent without reservation to use, assign, convey, reproduce,		
INSURANCE GROUP #:		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		
CARDHOLDER'S NAME:	*	discretion.		
MEDICINAL ALLERGIES:		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		
CHRONIC MEDICAL PROBLEMS O	R PHYSICAL RESTRICTIONS	have signed it knowingly and voluntarily.		
(e.g. diabetes, depression):				
CURRENT MEDICATION & DOSAG	SE (prescription & over the counter):	Signature:		
		Print Name:		
REASON FOR CURRENT MEDICAT	TION:	Dated:		
Life Teen may administer the followed ication to this participant (please)				

EXPECTATIONS FOR YOUTH PARTICIPANTS

Show love and respect for God

- 1. Pray daily for self and others
- 2. Receive the sacraments
- 3. Participate in the activities
- 4. Be open, flexible, and have a servant's attitude
- 5. Represent God in your words and actions



Show love and respect for yourself

- 1. This is a "no smoking" weekend. All state laws governing alcohol, drugs, and tobacco will be strictly enforced. Possession or consumption of alcohol and drugs is not permitted at any time during the conference. ABSOLUTELY NO MARIJUANA CONSUMPTION ALLOWED by any age participant.
- 2. Drink plenty of water, obey sleeping times, and make sure you eat all meals. This will allow you to fully participate and not be tired.
- 3. Remember that you are a Temple of the Holy Spirit. Present yourself accordingly.
- 4. If you must leave an activity, your adult chaperone must accompany you.
- 5. Dress modestly Clothing must cover all undergarments and midriffs. Bikini tops, low-cut tops, mini-skirts, short shorts, and shirts with vulgar language are not allowed.

Show love and respect for others

- 1. Be safe. No horseplay or other potentially harmful actions. Leave pocket knives, lighters, or other hazardous materials at home. No skateboards, iPods, laptops, or rollerblades.
- 2. All words and actions you use should build up others and not injure.
- 3. No teens are allowed to drive to or from the conference.
- 4. The facility must remain clean and undamaged.
- 5. No outside visitors at the conference, please.
- 6. All aisles and the stage area must remain clear for safety reasons. Remain in your youth group's area at all times.
- 7. Make sure that your actions during the activities do not distract others from hearing, seeing, or praying
- 8. Allow others to sleep. "Lights Out" means that it is time to sleep. Do not be in the showers or halls after this time.

Consequence Policy

All youth are expected to follow the above outlined expectations, directions of Conference staff, Convention Center staff, and Gonzaga University staff. Any instances of transgression of these policies, lack of cooperation, or insubordination will be subjected to appropriate discipline and/or fines. Failure to comply may result in immediate dismissal of the participant, at the expense of the individual.

I have read, understand, and agree to follow the above expectations while participating at the

Steubenville Northwest Youth Conference.

Signature of Youth Participant	Date
Signature of Youth's Parent	Date

—This form should be kept on file by the Group Leader or parish Youth Minister—

Catholic Diocese of Spokane CODE OF CONDUCT

The following Code of Conduct applies to: Clergy, Seminarians, employees and volunteers (in church/school ministry) of the Diocese, Parishes, Schools and Institutions of the Catholic Bishop of Spokane, hereinafter referred to as church personnel.

Those who act in the name of the church have special influence in the lives of the people to whom they minister. Because of the respect and even reverence with which many people seek help from the church's ministers, there is an imbalance of power and hence a vulnerability inherent in the ministerial relationship. In these circumstances there is likely an absence of meaningful consent to any sexual activity, even if the person is an adult. This imbalance of power makes any sexual activity always inappropriate. It is the responsibility of church personnel to maintain appropriate emotional and sexual boundaries.

As in other helping professions such as physicians and therapists, the special nature of the relationship between church personnel and the people they serve calls for a higher ethical standard of behavior. In such relationships the appropriateness or inappropriateness of behavior is judged not by the intent of the church person, but its impact upon the recipient. It is the policy of this diocese to expect the behavior of all church personnel to comply with professional ethics and Catholic moral standards. Not only must the actual behavior meet appropriate standards, but all church personnel are expected to act in ways which do not give the appearance of impropriety.

"When any person, in his or her official supervisory capacity with a nonprofit or for-profit organization, has reason to believe that a minor or a legally vulnerable adult, has suffered physical abuse or neglect or sexual abuse caused by a person over whom he or she regularly exercises supervisory authority, he or she shall report such incident, or cause a report to be made, to the proper law enforcement agency, provided that the person alleged to have caused the abuse or neglect is employed by, contracted by, or volunteers with the organization and coaches, trains, educates, or counsels a minor(s) or has unsupervised access to a minor(s) as part of the employment, contract, or voluntary service." In other words, volunteers who supervise other volunteers who work with minors or legally vulnerable adults are required to report any suspected abuse by others whom they supervise. (Sited from RCW 26.44(1) (b) and RCW 74.34.020 (11)

It is highly recommended and a matter of conscience for anyone who witnesses such abuse to report the same. Aiding, abetting and/or ignoring abusive behavior is considered facilitation of this behavior. Any person who observes sexual abuse of an adult who habitually lacks reason, by any church personnel must report that information to the Vicar General or the Victim Assistance Coordinator of the Diocese. All violations of this Code of Conduct must be reported to the Supervisor and reported to CPS or APS and law enforcement when appropriate

TOUCHING

Touching must be age-appropriate and based on the need of the minor and not on the need of the adult. Adults must avoid physical contact when alone with a minor or vulnerable adult. Touches and embraces that are experienced or perceived as uncomfortable to an individual, adult or minor, are forbidden. Adults should avoid any physical touching that may reasonably be perceived as sexual in nature.

Examples of behaviors that can be misconstrued as sexual in nature, and thus are to be avoided, include but are not limited to:

- · Inappropriate or lengthy embraces
- Kissing
- · Touching bottoms, chests, legs or genital areas
- · Spanking or slapping
- · Showing affection while in an isolated location
- · Wrestling or tickling
- · Piggy-back rides
- Massages

It is important to remember that, when dealing with a minor who inadvertently misplaces hands on a church person, the suggested way of dealing with this is to gently take the hands and remove them from the inappropriate spot, kneel down to the child's level and continue the discussion at eye level. If a minor initiates physical contact, such as a hug, an appropriate, limited response is proper.

VERBAL AND NON-VERBAL COMMUNICATION

Examples of speech or actions which are inappropriate include but are not limited to:

- · Compliments that relate to physique or body development
- Humiliation, ridicule, bullying, or degradation of another person
- Topics of discussion, vocabulary, recordings, films, games, computer software, internet sites or any other form of personal interaction or entertainment that could not be used comfortably in the presence of parents
- Sexually explicit or pornographic material
- The singling out of persons, especially children or vulnerable adults, for special personal attention or personal gifts.

TRANSPORTATION AND OUTINGS

When taking minors on field trips, conferences or tours, the following rules apply:

- One staff member or adult volunteer may never transport only one minor unless the child is his/her own child.
- One person may transport a group of minors However, upon arrival two staff members or adult volunteers must accompany all minor children during all activities, events, and/or outings off parish, school or agency grounds. This policy assumes that the staff, minor children and volunteers participating in transportation or outings have fulfilled the Sexual Abuse Education Requirements as stated in Part VI of this policy.
- An adult shall always be accompanied by another adult, when sleeping in a room, hotel room or tent with minors.
- Adults and minors shall each sleep in their own bed.
- Use of one's own home as the center for carrying out youth work is prohibited.
- Priests must not provide overnight accommodation for individual minors including but not limited to, accommodations in any church-owned facility, private residence, hotel room or any place where there is no other adult supervision present. Immediate family is an exception to this mandate.

FORM: 203

Catholic Diocese of Spokane CODE OF CONDUCT

 Persons under 21 may never be taken on personal trips or vacations without other adults or appropriate chaperons.

RELATIONSHIPS

It is the church person's responsibility to be cognizant of appropriate behaviors in relationships and to maintain integrity in all actions.

Dual relationships are those in which the professional or ministerial purpose is intermingled with personal friendship. Please refer to the introductory paragraphs of this Code of Conduct for reminders about the impact of "power" a church person has on individuals with whom he/she relates. Key points to be adhered to and/or aware of, in relationships are:

- Sexual relationships with parishioners, counseling clients, students or collaborators in ministry, are forbidden.
- Church personnel assume the full burden for setting and maintaining clear, appropriate physical and emotional boundaries in all ministerial relationships.
- In situations where an inappropriate personal or physical attraction develops between a church person and an adult, client or young person, the church person is responsible to maintain clear, professional boundaries.
- It is unprofessional to suggest that the relationship between care givers and those who seek their help is a two way relationship in which the care giver also receives help from the interaction. It is the responsibility of church personnel to retain a ministerial/ professional relationship, not the client.
- The appearance or reality of concealing or asking individuals to conceal the fact and nature of a personal relationship is a violation of such boundaries.
- Church employees and volunteers while not involved in ministerial activity, must be accompanied by at least one other adult when hosting activities for minors with whom they have become acquainted through their ministry.
- Employees and volunteers acting in their parental role should be aware of the critical importance of applying these guidelines in situations involving minors other than their own.

DRUGS AND ALCOHOL

At youth events, the following are unacceptable:

- Use, possession or distribution of illegal drugs (reason for immediate termination of employment)
- Smoking
- · Alcoholic beverages
- Smokeless tobacco

ENVIRONMENT

Church personnel cannot always avoid situations where they are alone with a minor, but if a one-on-one meeting with a minor is necessary, the following are recommended:

- · Avoid meeting in isolated environments
- Schedule meetings at times when others are around
- Use locations that create accountability
- Limit the time of the session

- Make appropriate referral(s)
- Have another person present when at all feasible
- Meet in as public a place as possible
- Leave door ajar
- Choose a room with a window in the door when available
- Avoid all physical contact with the minor or vulnerable adult

PORNOGRAPHY

The acquisition, possession or distribution by church personnel of the diocese, of pornographic images of minors under the age of 18, for purposes of sexual gratification by whatever means or using any form of technology shall have the gravity of child sexual abuse. It will be reported to authorities and punished according to the severity of the act, not excluding dismissal.

Church personnel are prohibited from using work place computers or other means of communications inappropriately as is presented in the diocesan policy on the use of technology.

No person may serve with minors or young adults if he or she has ever been convicted of any of the below listed criminal offenses, has ever received deferred adjudication for any such criminal offenses, or there is presently pending any criminal charges for such offenses until a determination of guilt or innocence is made. Criminal offenses include:

- A felony classified as an offense against a person or family.
 Offenses against a person include but are not limited to:
 murder, assault, sexual assault, and abandoning or
 endangering a child. Offenses against a family include but
 are not limited to: bigamy or incest.
- A felony classified as an offense against public order or indecency. Offenses against public order or indecency include but are not limited to: prostitution or the possession or promotion of child pornography.
- A felony violation within the last five years of any law intended to control the possession or distribution of any substance included as a controlled substance in the Washington State Uniform Controlled Substances Act.

I have fully read this Code of Conduct and sign voluntarily with knowledge of its terms and conditions:

Print Name		_
Signature		 -
Date	 	